Audits Section – Bay and Central Region 11401 South Bloomfield Avenue, Unit 203, 2nd Floor Norwalk, CA 90650 (562) 406-3929, FAX (562) 406-3951

March 21, 2008

Meloney Roy, LCSW, Director Ventura County Behavioral Health Department 1911 Williams Drive, Suite 200 Oxnard, CA 93036

Dear Ms. Roy:

AUDIT REPORT – VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT

We have conducted a desk examination of the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Ventura County Behavioral Health Department for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and was limited to a review of SD/MC units of service, Mode costs and Administrative costs.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Program Costs

Federal Share of	<u>Settled</u>	Allowed	1	Adjustment
Short-Doyle/Medi-Cal	\$ 12,793,613	\$ 11,981,620	\$	(811,993)
Federal Share of Healthy Families/Medi-Cal	\$ 0	\$ 675	\$	675
State General Funds EPSDT Due State	\$ 1,863,646	\$ 1,802,023	\$	(61,623)

If you disagree with any of the results of this audit, you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report.

Meloney Roy, Director Page 2

Your notice of disagreement should be directed to Vicki Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

Enclosures

CERTIFIED MAIL

RAQUEL/E. RIOS, Supervisor Audits Section – Southern Region

VENTURA COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

			As Settled	Audit Adjustments	As Audited
NET REIMBURSABLE MEDI-CAL					
PROGRAM COSTS					
COUNTY PROVIDERS					
MEDI-CAL - FFP	(Sch. 2a)	-\$	10,490,807 \$	(757,745) \$	9,733,062
HEALTHY FAMILIES - FFP	(Sch. 2a)		0	675	675
TOTAL FFP - COUNTY PROIVERS		\$ _	10,490,807 \$	(757,070) \$	9,733,737
CONTRACT PROVIDERS				•	
MEDI-CAL - FFP	(Sch. 3b)	\$	2,302,806 \$	(54,248) \$	2,248,558
HEALTHY FAMILIES - FFP	(Sch. 3b)	•	0	0	0
TOTAL FFP - COUNTY PROIVERS	,	. \$_	2,302,806 \$	(54,248) \$	2,248,558
TOTAL FFP - COUNTY PLUS CONTRAC	T PROVIDERS				
MEDI-CAL - FFP	**************************************	\$	12,793,613 \$	(811,993) \$	11,981,620
HEALTHY FAMILIES - FFP			0	675	675
TOTAL FFP - COUNTY PLUS CONTRAC	T PROIVERS	s ⁻	12,793,613 \$	(811,318) \$	11,982,295
SUMMARY OF STATE GENERAL FUNDS			4 m 1		
EPSDT - SGF	(Sch 4)	\$_	1,863,646 \$	(61,623) \$	1,802,023

VENTURA COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL

	OUT TO DESCRIPTION OF THE PROPERTY OF THE PROP							
						Audit		
				As Settled		Adjustments	_	As Audited
<u>T</u>	otal Medi-Cal Gross Reimbursement							
1	. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	3,942,913	\$	(95,298)	\$	3,847,615
2	. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		13,835,792		(302,468)		13,533,324
3	. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		. 0		0		0 ′
. 4	,	(MH1968, Ln 16, 16A)		0		44,293		44,293
5	. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		0
6	. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		,0		0
7	. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0		0
8	. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		0		942		942
9	. Total		\$	17,778,704	\$	(352,532)	\$_	17,426,173
					-			\
L	ess: Patient & Other Payor Revenues							
10). Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	763,840	\$	238,457	\$	1,002,297
1	l. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		101,557		(34,025)		67,532
12	2. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		0
×13	3. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		. 0		. 0		0
14	1. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
1.5	5. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		. 0		. 0
10	5. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		. 0		. 0		0
11	and the second of the second o	(MH 1968, Ln 31)		0		. 0		. 0
18	3. Total		\$	865,397	- \$	204,432	s –	1,069,829
	•		_		= =		==	
. м	edi-Cal Net Reimbursement for Direct Services							
	Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	3,179,073	\$	(333,755)	\$	2,845,318
	D. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	•	13,734,235	-	(224,150)	•	13,510,085
	Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0		0
22		(Ln 6 - Ln 15)		0		0		0
23		(Ln 7 - Ln 16)		0		0		0
24		(Ln 8 - Ln 17)		0		942		942
	5. Total	(=;: -:: -::)	\$	16,913,307	- s -	(556,964)	s —	16,356,344
			-		• ¯=		_	
М	edi-Cal MAA Reimbursement							
	5. Service Functions 01-09	(MH1979, Ln 11, Col. A)	s	0	\$	0 :	\$. 0
	7. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	•	0	Ψ	0	-	0
	3. Service Functions 21-19	(MH1979, Ln 13, Col. A)		0		Ö		0
	7. Total	(s -	. 0	- · -	0 5	s	0
			" =		: =		Ť ==	

VENTURA COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL			As Settled		Audit Adjustments		As Audited
Amount Negotiated Rates Exceed Cost		_				-	
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$. 0	\$	0	\$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0		0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)		0		0		0
36. Total		\$ <u></u>	0	\$	0	\$_	0
Medi-Cal Administrative Reimbursement							
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	3,568,768	S	(68,997)	s	3,499,771
38. Medi-Cal Administration	(MH 1979, Ln 5)	<u> </u>	2,449,703	` \$ -	(762,319)		1,687,384
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$ <u></u>	2,449,703	\$	(762,319)	_	1,687,384
Healthy Families Administrative Reimbursement							
40. Healthy Families Administrative Reimbursement Limi	t (MH1979, I.n.8)	\$	0	\$	94	\$	94
41. Healthy Families Administration	(MH1979, Ln 9)	\$	0			\$ -	. 89
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$	0	\$	89	_	89
		_		•			
Utilization Review Reimbursement	(MIII)070 I - 14 (C.1 D)	•	642 601	•	(140,100)	•	205 400
43. Skilled Professional	(MH1979, Ln 14, Col. D)	_	543,591	\$.	(148,182)	=	395,409
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$ _	339,132	\$:	(127)	\$_	339,005
Net SD/MC Reimbursement - FFP							
45. Direct Services	(MH1979, Ln 16,16A)	\$	8,688,696	\$	(294,214)	\$	8,394,482
46. Enhanced (Children)	(MH1979, Ln 17,17A)		0		28,828		28,828
47. Enhanced (Refugees)	(MH1979, Ln 18)		0		0		0
48 MAA	(MH 1979, Ln 11, 12 & 13	3)	0		0		0
49. Administrative Reimbursement	(MH1979, Ln 6)		1,224,852		(381,160)		843,692
50. U.R. Skilled Professional	(MH1979, Ln 14)		407,693		(111,136)		296,557
51. U.R. Other	(MH1979, Ln 15)		169,566		(64)		169,503
52. Negotiated Rate-Payback	(MH1979, Ln 20)		0		0		0
53. Subtotal- FFP		\$	10,490,807	\$	(757,745)	\$_	9,733,062
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
55. Quality Assurance Review Results	(Adj #)	_	0	-	0	-	0
56. Total SD/MC Reimbursement - FFP		\$	10,490,807	\$	(757,745)	\$	9,733,062
Net Healthy Families Reimbursement - FFP		_		. =		_	
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$. 0	\$	617	\$	617
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	Ψ.	0	Ψ	0	Ψ.	0.7
59. Administrative Reimbursement	(MH1979, Ln 10)		0		58		
60. Total Healthy Families Reimbursement - FFP	(141111777, Lii 10)	\$	0	\$		\$ _	58 675
		-		=		-	
61. Total - FFP (Ln 56 + Ln 60)		\$	10,490,807	\$_	(757,070)	\$	9,733,737
							(To Sch. 1)

VENTURA SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	<u>Legal Entity</u>		Regular M/Cal and EPSDT Gross Relmb. (MH 1968, Ln 11,11A)	(2) EPSDT Enhanced - Children Gross Relmb. IIN P (MH 1968, Ln 16, 16A)	(3) Enhanced - Refugees Gross Reimb. A T E G (MH 1968, Ln 22)	Total Gross Reimb. (Excl. HFP) N TO TOTAL (Col. 1 to 3)	Healthy Families Gross Reimb. (MH 1968, Ln 27, 27A)	(B) Regular M/Cal and EPSDT Gross Riemb. (MH 1968, Ln 11,114)	(7) EPSDT Enhanced - Children Gross Reimb. OUR TO	(B) Enhanced - Refugees Gross Reimb. P. A. T. 3. (MH 1968, Ln 22)	(9) Total Gross Reimb. (Excl. HFP) Signature: No. 17 (Col. 6 to 8)	(10) Healthy Families Gross Relmb. (MH 1968, Ln 27, 27A)
00108 00226 00275 00295 00409	Telecare Corporation Turning Point Foundation Casa Pacifica Desert Counseling Clinic Anne Sippi Clinic	*************************	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$	000000000000000000000000000000000000000	\$		\$ 2,219,327 \$ 620,573 \$ 1,440,650 \$ 0 \$ 84,149 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0	2,219,327 \$ 620,573 \$ 1,440,650 \$ 0 \$ 84,149 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	
	· ·	\$	0	so_s	s	0 s		\$ 4,364,699	so_s		4,364,699 \$	0

VENTURA SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

		**	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
			Total	Healthy	Total	Healthy	Total		Total		Total
Legal			Revenue	Families	Revenue	Families	Net Cost	Net Cost	Net Cost	Net Cost	MAA
Entity		F:	(Excl. HFP)	Revenue	(Excl. HFP)	Revenue	(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	FFP
<u>Number</u>	Legal Entity	Ŀ		ENT		TIENT		ENT	OUTPA		Reimbursement
			(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968, Ln 31)	(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979, Ln 11-13)
			Ln 28 to 30)	Ln 31)	Ln 28 to 30)	Ln 31)					ru. (1-13)
00108	Telecare Corporation	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0	\$ 2,219,327 \$	0 \$	0
	Turning Point Foundation	š	o s	o s				Ö.			Ō
00275	Casa Pacifica	\$	0 \$	0	0 5	0 \$	0 \$	0			0
00295	Desert Counseling Clinic	\$	0 \$	0 9	0 \$	0 \$. 0 \$	Ò		0 \$	0
00409	Anne Sippi Clinic	\$	0 \$	0 5	0 1	. 0 \$	0 \$. 0			. 0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0		. 0 \$	0
0		0 \$	0 \$.0 .5	. 0 \$	0 \$. 0 \$	•	\$ 0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0	\$ 0.5	0 \$	0
0		0 \$	0 \$	0.3	0 5	0,\$	0 \$. 0	\$ 0 \$. 0 \$	0
0		0 \$	0 \$	0 3	0 3	0 \$	0 \$	0	\$ 0.5	0 \$	U
0		0 \$	0 \$	0 3	0 3	\$ 0 \$	0.5	0	ა ∪ა \$. 0.\$. 0 \$	U O
0		0 \$	0 \$. 0		. 0 6	0 \$. 0	\$ 0 \$	0 \$	0
0		0 \$. 0 \$	0 0		2 0 9	0 \$	0	\$ 0.\$ \$ 0.\$	0.5	.0 .
0		0 \$	0.8	. 0	0		0 \$	0	\$ 0.5	0 \$	ň
0		0.5	0.\$	0 9	. 0.5	6 0 5	0 \$	Õ	\$ 0.5	0.\$	ŏ
0		ŏ \$	0 \$	0 9	0 9	0 \$. · · · · · · · · · · · · · · · · · · ·	. 0	\$ 0 \$	0 \$	ō
0		0 \$	0 \$	0 9	0.5	0 \$	0 \$	Ō	\$ 0 \$	0 \$	Ō
0		0 \$	0 \$	0 9	0 9	0 \$	0 \$. 0	\$ 0 \$	0 \$	0
0		0 \$	0 \$	0 5	0 9	0 \$	0 \$	0	\$ 0 \$	0 \$	0
0		0 \$	0 \$	0 9	5 0 9	0 \$	0 \$	0	\$ 0 \$	0 \$. 0
0		0 \$	0 \$	0 \$	0 9	0 \$	0 \$. 0	\$ 0 \$	0 \$	0
0		0 \$	0 \$	0 9	0 9	0 \$	0 \$. 0	\$ 0 \$	0 \$	0
0		0 \$	0 \$	0 3	. 0.3	. 0 \$. 0 \$. 0	\$ 0.5	0 \$	0
0		0 \$	0 \$	0 3	0 5	\$ 0 \$ 6 0 \$	0.5	. 0	\$ 0 \$ \$ 0 \$	0 \$	Û
0		0.5	0.5	0 0		, U J	0.5	. 0	\$ 0 \$	0 \$	0
0		0 \$	0 \$	0 .		, 0,	0.\$	0	\$ 0 \$ \$ 0 \$	0.\$	0
0		0.5	0 \$	ŏ :	0.5	0.5	0 \$	Ö	s 0 s	0 \$	·ŏ
0 .		0 \$	0 \$	o s	0 9	s os	o s	ō	\$ 0.5		ō
0		0.\$	0.\$	0 :	6 0 5	s 0 s	0 \$. 0	s 0.s	0.\$. 0
Ô				• •			: :				•
-		0 \$	0 \$	0 9	8 0 9	S G.S	0 S	0	\$ 0 \$	0 \$	0
0		0 \$ 0 \$	0 \$ 0 \$	0 5	5 0 S	5 0 S	υ \$ 0 \$	0	\$ U \$ \$ O \$	0 \$	0 .
0		0 \$ 0 \$ 0 \$			6 0 5 6 0 5	5 0 S 5 0 S	0 \$ 0 \$ 0 \$	Ö	• •		0 . 0 . 0
0 0 0		0 \$ 0 \$ 0 \$ 0 \$	0 \$	o :				ō	\$ 0 \$ \$ 0 \$	0 \$ 0 \$	0 . 0 . 0 .
0 0		0 \$ 0 \$ 0 \$	0 \$ 0 \$	0 :	0 5	, , ,		0	\$ 0 \$ \$ 0 \$	0 \$ 0 \$	0 . 0 . 0 . 0

VENTURA SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity <u>Number</u>	<u>Legal Entity</u>	[Neg. Rates Exceed Costs (Excl. HFP) IN PA (MH 1968, Ln 38 to 39)	Neg. Rates Exceed Costs Healthy Families [IEN:T [] (MH 1968, Ln 40, 40A)	Neg. Rates Exceed Costs (Excl. HFP) O: U: T: P: A: (MH 1968, Ln 38 to 39)	Neg. Rates Exceed Costs Healthy Families T.I.E.N.T	Total SD/MC Reimbursement (FFP) (MH 1979, Line 21)	Healthy Families Reimbursement (FFP) (MH 1979, Ln. 27)	Total Reimbursement (FFP) (Col. 24 + 25)	(27) FFP Contract Maximum	(28) Lower of FFP or Contract Maximum
00108 00226 00275 00295 00409 0	Telecare Corporation Turning Point Foundation Casa Pacifica Desert Counseling Clinic Anne Sippi Clinic	\$ \$ \$ \$ 0 \$ 8	0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$ 0 \$		0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	1,143,249 \$ 319,061 \$ 740,513 \$ 0 45,735 \$ 0 \$ 0 \$	1,143,249 \$ 337,668 \$ 822,249 \$ 308,174 \$ 66,218 \$ 0 \$ 0 \$	1,143,249 319,061 740,513 0 45,735 0
0 0 0 0 0 0 0		0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0	0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0
0 0 0 0 0		0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0	0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 5 5 0 0 5 0 0 5	0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ \$ 0 \$ \$ \$ 0 \$ \$ \$ 0 \$ \$ \$ 0 \$ \$ \$ 0 \$ \$ \$ 0 \$ \$ \$ \$ 0 \$ \$ \$ \$ \$ 0 \$ \$ \$ \$ \$ \$ \$ 0 \$	0
0 0 0 0 0 0		0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 0 0 0 0 0
0 0 0	GRAND TOTAL	0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$	0 0 0 0

(To Sch. 1)

VENTURA COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2003

		As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17.	A, 18) (including contractors)	18,205,441	(330,657)	17,874,784
(2) Total SD/MC Claims		20,334,314	0	20,334,314
(3) Percent % (Line 1/Line 2)		0.8953	(0.0163)	0.8790
(4) EPSDT Claims		8,674,584	0	8,674,584
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)		7,766,355	(141,002)	7,625,353
(6) Cost Settled Baseline for EPSDT		3,843,078	0	3,843,078
(7) Net Cost Settlement Amount (Line 5 - Line 6)		3,923,277	(141,002)	3,782,275
(8) 48.56% of Net Cost Settlement Amount (Line 7 x 48.56%)		1,905,143	(68,470)	1,836,673
(8a) FY 2001-02 EPSDT settlement (48.64% of net cost (8))		1,490,175	0	1,490,175
(8b) Annual Local Growth (8) - (8a) = 8(b)		414,968	(68,470)	346,498
(9) County Match 10% of Local Growth (8b) x 10% = (9)		41,497	(6,847)	34,650
(10) Net Cost settlement amount (8) - (9) = (10)		1,863,646	. (61,623)	1,802,023
(11) SGF Distribution Settled and Audited		1,863,646	· · · 0	1,863,646
(12) SGF Due (State)		0	(61,623)	(61,623) (To Sch. 1)

Source

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (inclues contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2002-2003, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) (9)
- (11) SGF gross distribution (See DMH letter dated May 20, 2005 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (12) Amount owed back to the state cannot be more than was advanced or settled.

Provider		0011111	TV 0511	ANYODAL LICALTU DEDADTMENT	Provider Number 00056		No. of Adj. 160	1	riod Ended 30, 2003
			IYBEH	AVIORAL HEALTH DEPARTMENT		+			T
Adj.	Report Ref Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENT	·s		As Reported	Increase (Decrease)	As Adjusted
110.	00			ADJUSTMENTS TO REPORTED COSTS - COUNTY P	ROVIDERS				
1	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION		\$	42,641,961	\$ 2,621,018	\$ 45,262,979 *
				To adjusted reported inpatient cost for Ventura County Medical Cerwith State Department of Health Services' audit report.	nter to agree				
			:	HCFA PUB. 15-1 SEC. 2304					
2	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION	**	* \$	45,262,979	\$ (14,868)	\$ 45,248,111 *
				To adjust reported outpatient managed care costs to agree w County's records.	vith				
				HCFA PUB. 15-1 SEC. 2304					
3	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION	· ·	* \$	45,248,111	\$ (13,850)	\$ 45,234,261
				To eliminate outpatient managed care costs for organizational prov Organizational providers are required to prepare their own cost rep- for reimbursement.					
		•		CCR, Title 9, Chapter 11, Subchapter 4, Article 1, Section 1840.10	5, Paragraph 2				
4 5 6 Info.	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	C C C C	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS		\$ \$_	2,449,703 0 1,064,296 3,513,999	\$ (762,319) 89 762,230 \$ 0	\$ 1,687,384 89 1,826,526 \$ 3,513,999
				To reallocate total administrative costs to Medi-Cal and non-Medi-Cal based on unique client count. Administrative cost for Medi-Cal was further allocated to between Medi-Cal and Healthy Families based audited gross cost.	;				
						į			
,				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.		!			

Provide		COUN	TY BEH	AVIORAL HEALTH DEPARTMENT	Provider Number 00056	No. of Adj. 160	Fiscal Peri June	od Ended 30, 2003
	Report Re	ference		EXPLANATION OF AUDIT ADJUSTMENT	c	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENT	·	1	(=====,	
				ADJUSTMENTS TO REPORTED COSTS - COUNTY PI	ROVIDERS			
7 8 9 Info.	MH 1960 MH 1960 MH 1960 MH 1960	13 14 15 16	0000	SKILLED PROFESSIONAL MEDICAL PERSONNEL OTHER SD/MC UTILIZATION REVIEW NON-SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS To reallocate total utilization review costs based on audited Medi-Cunits to audited total units.	al	\$ 543,591 339,132 383,507 \$ 1,266,230	\$ (148,182) (127) 148,309 \$ 0	\$ 395,409 339,005 531,816 \$ 1,266,230
10	MH1960	18	С	MODE COSTS (DIRECT SERVICES AND MAA) To adjust Mode Costs in conjunction with adjustment number 1 thro	ugh 3.	\$ 37,861,732	\$ 2,592,300	\$ 40,454,032
		·		ADJUSTMENTS TO ALLOCATION OF COST TO MODES OF SERVICE	S			
11 Info. Info. 12 Info. Info.	MH 1964 MH 1964 MH 1964 MH 1964 MH 1964 MH 1964 MH 1964	2 3 4 5 6 8 9	A A A A A	HOSPITAL INPATIENT SERVICE (MODE 5-SFC 10-19) OTHER 24 HOUR SERVICES (MODE 05-ALL OTHER SFC) DAY SERVICES (MODE 10) OUTPATIENT SERVICES (MODE 15) OUTREACH SERVICE (MODE 45) SUPPORT SERVICES (MODE 60) TOTAL		\$ 9,689,308 44,896 313,239 26,165,456 982,522 666,311 \$ 37,861,732	\$ 2,621,018 0 0 (28,718) 0 0 \$ 2,592,300	\$ 12,310,326 44,896 313,239 26,136,738 982,522 666,311 \$ 40,454,032
				To distribute audited Direct Services cost to Inpatient Services, Oth Day Services, Outpatient Services, Outreach Services and Support adjustment numbers 1 through 3.	er 24 Hour Services, Services to reflect			
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				

Health اد

Provide		COLINI	TV DEH	AVIORAL HEALTH DEPARTMENT	Provider Number 00056	No. of Adj. 160	Fiscal Per June	od Ended 30, 2003
Adj.	Report Re Form/			EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
No.	Sch.	Line	Col.	ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE	, , , , , , , , , , , , , , , , , , ,			
13 14 Info. 15 16 17 18 19 20 21 Info. 22 23 24 25 26 Info. Info.	MH 1966	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	BCDMFGT- フKLMNOPOR	MANAGED CARE MFCC 15-10 MANAGED CARE MFCC 15-40 MANAGED CARE PSYCHIATRISTS 15-11 MANAGED CARE PSYCHIATRISTS 15-31 MANAGED CARE PSYCHIATRISTS 15-41 MANAGED CARE PSYCHIATRISTS 15-61 MANAGED CARE PSYCHIATRISTS 15-69 MANAGED CARE PSYCHIATRISTS 15-69 MANAGED CARE PSYCHOLOGISTS 15-12 MANAGED CARE PSYCHOLOGISTS 15-32 MANAGED CARE PSYCHOLOGISTS 15-42 MANAGED CARE PSYCHOLOGISTS 15-42 MANAGED CARE ORGANIZATIONAL 15-13 MANAGED CARE ORGANIZATIONAL 15-43 MANAGED CARE ORGANIZATIONAL 15-53 MANAGED CARE LCSW 15-14 MANAGED CARE LCSW 15-34 MANAGED CARE LCSW 15-44 MANAGED CARE LCSW 15-50 TOTAL		\$ 29,470 170,890 180 36,664 10,560 109,432 142,929 6,080 36,754 64,989 1,400 11,450 350 8,923 82,260 66,424 945 \$ 779,700	\$ 630 5,670 0 1,800 601 15 (30,364) 160 285 2,750 0 250 400 280 450 2,205 0 (14,868)	\$ 30,100 176,560 180 38,464 11,161 109,447 112,565 6,240 37,039 67,739 1,400 * 11,700 * 750 * 9,203 82,710 68,629 945 \$ 764,832
27 28 29 Info.	MH 1966 MH 1966 MH 1966	3 3 3	L M Z	To adjust Program 2 expenditures to agree with County's records. HCFA PUB. 15-1 SEC. 2304 MANAGED CARE ORGANIZATIONAL 15-13 MANAGED CARE ORGANIZATIONAL 15-43 MANAGED CARE ORGANIZATIONAL 15-53 TOTAL To eliminate cost of organizational providers. Organizational provide required to prepared their own cost report for reimbursement. CCR, Title 9, Chapter 11, Subchapter 4, Article 1, Section 1840.15, F		\$ 1,400 11,700 750 \$ 13,850	\$ (1,400) (11,700) (750) (13,850)	\$ 0 0 0 0
				 * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment. 				

Provide		COUN	TY BEH	AVIORAL HEALTH DEPARTMENT	Provider Number 00056	No. of Adj. 160	Fiscal Peri June	od Ended 30, 2003
	Report Re				ro	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN		Neported	(Decircuse)	riojuotou
Info.	MH 1966 MH 1966	4 4 4 4 4 4 4 4 4	B C D E F G H I J K L	ADJUSTMENTS TO ALLOCATION OF COST TO MODES OF SERVICE MODE-SE MANAGED CARE MFCC 15-10 MANAGED CARE MFCC 15-40 MANAGED CARE PSYCHIATRISTS 15-11 MANAGED CARE PSYCHIATRISTS 15-31 MANAGED CARE PSYCHIATRISTS 15-41 MANAGED CARE PSYCHIATRISTS 15-61 MANAGED CARE PSYCHIATRISTS 15-61 MANAGED CARE PSYCHIATRISTS 15-69 MANAGED CARE PSYCHOLOGISTS 15-12 MANAGED CARE PSYCHOLOGISTS 15-32 MANAGED CARE PSYCHOLOGISTS 15-42 MANAGED CARE ORGANIZATIONAL 15-13	-	\$ 1.17 1.27 1.50 1.66 1.63 3.67 4.46 1.33 1.56 1.45 0.83	\$ 0.00 0.00 0.00 0.00 0.00 (0.01) (1.59) 0.00 0.00 0.00	\$ 1.17 1.27 1.50 1.66 1.63 3.66 2.87 1.33 1.56 1.45 0.83 *
Info. Info. Info. Info. Info.	MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966	4 4 4 4 4	M NOPQR	MANAGED CARE ORGANIZATIONAL 15-43 MANAGED CARE ORGANIZATIONAL 15-53 MANAGED CARE LCSW 15-14 MANAGED CARE LCSW 15-34 MANAGED CARE LCSW 15-44 MANAGED CARE LCSW 15-50 To adjust Program 2 cost per unit in conjunction with adjustment n to agree with County's records. HCFA PUB. 15-1 SEC. 2304	umber 2	0.91 1.25 1.16 1.51 1.27 1.40	0.00 0.00 0.00 0.00 0.00 0.00	0.91 * 1.25 * 1.16 1.51 1.27 1.40
32 33 34	MH 1966 MH 1966 MH 1966	4 4 4	L M N	MANAGED CARE ORGANIZATIONAL 15-13 MANAGED CARE ORGANIZATIONAL 15-43 MANAGED CARE ORGANIZATIONAL 15-53 To adjust Program 2 cost per unit in conjunction with adjustment n and adjustment number 27 through 29.	** ** ** umber 3	\$ 0.83 0.91 1.25	\$ (0.83) (0.91) (1.25)	\$ 0.00 0.00 0.00
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide					Provider Number	No. of Adj. 160	Fiscal Perio	od Ended 30, 2003
	VENTURA	COUN	IY BEH	AVIORAL HEALTH DEPARTMENT	00056	100	June 3	50, 2003
	Report Re	ference				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	TS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED UNITS - COUNTY P	ROVIDERS			
35 36	MH 1966 MH 1966	2 2	B C	TOTAL UNITS - MODE 15-10 MANAGED CARE MFCC TOTAL UNITS - MODE 15-40 MANAGED CARE MFCC		25,260 134,365	540 4,455	25,800 138,820
Info. 37	MH 1966 MH 1966	2 2	D E	TOTAL UNITS - MODE 15-11 MANAGED CARE PSYCHIATRIST TOTAL UNITS - MODE 15-31 MANAGED CARE PSYCHIATRIST	S	120 22,080	0 1,080	120 23,160
38 39 40	MH 1966 MH 1966 MH 1966	2 2 2	F G H	TOTAL UNITS - MODE 15-41 MANAGED CARE PSYCHIATRIST TOTAL UNITS - MODE 15-61 MANAGED CARE PSYCHIATRIST TOTAL UNITS - MODE 15-69 MANAGED CARE PSYCHIATRIST	S	6,465 29,850 32,030	385 15 7,205	6,850 29,865 39,235
41 42 43	MH 1966 MH 1966 MH 1966	2 2 2	K J	TOTAL UNITS - MODE 15-12 MANAGED CARE PSYCHOLOGIS TOTAL UNITS - MODE15-32 MANAGED CARE PSYCHOLOGIS TOTAL UNITS - MODE 15-42 MANAGED CARE PSYCHOLOGIS	rs Ts	4,560 23,520 44,715	120 180 1,925	4,680 23,700 46,640
Info. 44 45	MH 1966 MH 1966 MH 1966	2 2 2	L M N	TOTAL UNITS - MODE 15-13 MANAGED CARE ORGANIZATION TOTAL UNITS - MODE 15-43 MANAGED CARE ORGANIZATION TOTAL UNITS - MODE 15-53 MANAGED CARE ORGANIZATION	I AL	1,680 12,595 280	0 275 320	1,680 * 12,870 * 600 *
46 47 48	MH 1966 MH 1966 MH 1966	2 2 2	O P Q	TOTAL UNITS - MODE 15-14 MANAGED CARE LCSW TOTAL UNITS - MODE 15-34 MANAGED CARE LCSW TOTAL UNITS - MODE 15-44 MANAGED CARE LCSW		7,680 54,600 52,250	240 300 1,870	7,920 54,900 54,120
Info.	MH 1966	2	R	TOTAL UNITS - MODE 15-50 MANAGED CARE LCSW TOTAL		675 452,725	18,910	675 471,635
				To adjust Program 2 total units to agree with County's records. HCFA PUB. 15-1 SEC. 2304				
49 50 51	MH 1966 MH 1966 MH 1966	2 2 2	N M	TOTAL UNITS - MODE 15-13 MANAGED CARE ORGANIZATION TOTAL UNITS - MODE 15-43 MANAGED CARE ORGANIZATION TOTAL UNITS - MODE 15-53 MANAGED CARE ORGANIZATION	IAL	1,680 12,870 600	(1,680) (12,870) (600)	0 0 0
				To adjust Program 2 total units in conjunction with adjustment num and adjustment number 27 through 29.	nber 3			
	:							
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	ovider VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT		AVIORAL HEALTH DEPARTMENT	Provider Number 00056	No. of Adj. 160	Fiscal Period Ended June 30, 2003		
	Report Ref	ference		EVOLANATION OF AUDIT AD HIGHMEN'		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN		Neported	(Decircuse)	, ajustou
				ADJUSTMENTS TO REPORTED UNITS - COUNTY P	ROVIDERS			
52	MH 1966	8,8A	В	MEDI-CAL UNITS - MODE 05-13		3,034	1,010	4,044
Info.	MH 1966	8,8A	c	MEDI-CAL UNITS - MODE 05-19		1,695	0	1,695
Info.	MH 1966	8,8A	В	MEDI-CAL UNITS - MODE 10-95		1,187	0	1,187
Info.	MH 1966	8,8A	в	MEDI-CAL UNITS - MODE 15-01		2,979,194	0 [2,979,194
Info.	MH 1966	8,8A	C	MEDI-CAL UNITS - MODE 15-10		551,665	0	551,665
53	MH 1966	8,8A	D	MEDI-CAL UNITS - MODE 15-30		382,455	670	383,125
54	MH 1966	8,8A	E	MEDI-CAL UNITS - MODE 15-40		1,295,419	315	1,295,734
55	MH 1966	8,8A	F	MEDI-CAL UNITS - MODE 15-50		77,834	0	77,834
56	MH 1966	8,8A	G	MEDI-CAL UNITS - MODE 15-60		568,212	7,001	575,213
57	MH 1966	8,8A	н	MEDI-CAL UNITS - MODE 15-70		445,299	690	445,989
Info.	MH 1966	8,8A	В	MEDI-CAL UNITS - MODE 15-10 MANAGED CARE MFCC		25,260	0	25,260
Info.	MH 1966	8,8A	l c l	MEDI-CAL UNITS - MODE 15-40 MANAGED CARE MFCC		134,365	0	134,365
Info.	MH 1966	8,8A		MEDI-CAL UNITS - MODE 15-11 MANAGED CARE PSYCHIATR	STS	120	0	120
Info.	MH 1966	8,8A	E	MEDI-CAL UNITS - MODE 15-31 MANAGED CARE PSYCHIATR	STS	22,080	0	22,080
Info.	MH 1966	8,8A	F	MEDI-CAL UNITS - MODE 15-41 MANAGED CARE PSYCHIATR	STS	6,465	0	6,465
Info.	MH 1966	8,8A	G	MEDI-CAL UNITS - MODE 15-61 MANAGED CARE PSYCHIATR		29,850	0	29,850
Info.	MH 1966	8,8A	н	MEDI-CAL UNITS - MODE 15-69 MANAGED CARE PSYCHIATR	STS	32,030	. 0	32,030
Info.	MH 1966	8,8A		MEDI-CAL UNITS - MODE 15-12 MANAGED CARE PSYCHOLOG	SISTS	4,560	0	4,560
Info.	MH 1966	8,8A	J	MEDI-CAL UNITS - MODE15-32 MANAGED CARE PSYCHOLOG	ISTS	23,520	0	23,520
Info.	MH 1966	8,8A	l ĸ l	MEDI-CAL UNITS - MODE 15-42 MANAGED CARE PSYCHOLOG		44,715	0	44,715
Info.	MH 1966	8,8A	L	MEDI-CAL UNITS - MODE 15-13 MANAGED CARE ORGANIZAT	IONAL	1.680	0	1,680
Info.	MH 1966	8,8A	М	MEDI-CAL UNITS - MODE 15-43 MANAGED CARE ORGANIZAT	IONAL	12,595	0	12,595
Info.	MH 1966	8,8A	N	MEDI-CAL UNITS - MODE 15-53 MANAGED CARE ORGANIZAT	IONAL	280	0	280
Info.	MH 1966	8,8A	0	MEDI-CAL UNITS - MODE 15-14 MANAGED CARE LCSW		7,680	0	7,680
Info.	MH 1966	8.8A	P	MEDI-CAL UNITS - MODE 15-34 MANAGED CARE LCSW		54,600	0	54,600
Info.	MH 1966	8.8A	Q	MEDI-CAL UNITS - MODE 15-44 MANAGED CARE LCSW		52,250	o l	52,250
Info.	MH 1966	8.8A	R	MEDI-CAL UNITS - MODE 15-50 MANAGED CARE LCSW		675	ő	675
Info.		•		TOTAL		6,758,719	9,686	6,768,405
				To adjust reported Medi-Cal units to include Medicare/Medi-Cal Cr				
				settled cost report. The auditor submitted detail workpapers to the	County.	.		
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			·	

Provider				Provider Number		Fiscal Period Ended		
	VENTURA	COUN	TY BEH	AVIORAL HEALTH DEPARTMENT 00056		160	June 3	30, 2003
	Report Ref	ference				As	Increase	As
Adj.	Form/			EXPLANATION OF AUDIT ADJUSTMENTS	S	Reported	(Decrease)	Adjusted
No.	Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED UNITS - COUNTY PRO	OVIDERS			
58	MH 1966	8.8A	В	MEDI-CAL UNITS - MODE 05-13	**	4,044	(56)	3,988 *
59	MH 1966	8,8A	С	MEDI-CAL UNITS - MODE 05-19	**	1,695	(67)	1,628 *
60	MH 1966	8,8A	В	MEDI-CAL UNITS - MODE 10-95	**	1,187	(221)	966 *
61	MH 1966	8,8A	В	MEDI-CAL UNITS - MODE 15-01	**	2,979,194	48,948	3,028,142 *
62	MH 1966	8,8A	С	MEDI-CAL UNITS - MODE 15-10	**	551,665	(8,978)	542,687 *
63	MH 1966	8,8A	D	MEDI-CAL UNITS - MODE 15-30	**	383,125	(9,723)	373,402 *
64	MH 1966	8,8A	Ε	MEDI-CAL UNITS - MODE 15-40	**	1,295,734	(5,647)	1,290,087 *
65	MH 1966	8,8A	F	MEDI-CAL UNITS - MODE 15-50	**	77,834	(880)	76,954 *
66	MH 1966	8,8A	G	MEDI-CAL UNITS - MODE 15-60	**	575,213	7,048	582,261 *
67	MH 1966	8,8A	H	MEDI-CAL UNITS - MODE 15-70	**	445,989	(45,790)	400,199 * 25.380 *
68 69	MH 1966 MH 1966	8,8A 8.8A	B C	MEDI-CAL UNITS - MODE 15-10 MANAGED CARE MFCC MEDI-CAL UNITS - MODE 15-40 MANAGED CARE MFCC	**	25,260	120	20,000
70	MH 1966	8,8A	D	MEDI-CAL UNITS - MODE 15-40 MANAGED CARE MFCC MEDI-CAL UNITS - MODE 15-11 MANAGED CARE PSYCHIATRIS		134,365 120	(10,450) (120)	123,915 * 0 *
71	MH 1966	8,8A	E	MEDI-CAL UNITS - MODE 15-11 MANAGED CARE PSYCHIATRIS		22,080	(360)	21,720 *
72	MH 1966	8,8A	F	MEDI-CAL UNITS - MODE 15-41 MANAGED CARE PSYCHIATRIS		6,465	(1,295)	5,170 *
73	MH 1966	8,8A	G	MEDI-CAL UNITS - MODE 15-61 MANAGED CARE PSYCHIATRIS		29,850	390	30,240 *
74	MH 1966	8,8A	H	MEDI-CAL UNITS - MODE 15-69 MANAGED CARE PSYCHIATRIS		32,030	(1,295)	30,735 *
75	MH 1966	8,8A	ı	MEDI-CAL UNITS - MODE 15-12 MANAGED CARE PSYCHOLOGI		4,560	(120)	4,440 *
76	MH 1966	8,8A	J	MEDI-CAL UNITS - MODE15-32 MANAGED CARE PSYCHOLOGIS	STS **	23,520	(4,860)	18,660 *
77	MH 1966	8,8A	K	MEDI-CAL UNITS - MODE 15-42 MANAGED CARE PSYCHOLOGI	STS **	44,715	(440)	44,275 *
78	MH 1966	8,8A	L	MEDI-CAL UNITS - MODE 15-13 MANAGED CARE ORGANIZATION		1,680	(1,140)	540 *
79	MH 1966	8,8A	М	MEDI-CAL UNITS - MODE 15-43 MANAGED CARE ORGANIZATION		12,595	(11,605)	990 *
80	MH 1966	8,8A	Ν	MEDI-CAL UNITS - MODE 15-53 MANAGED CARE ORGANIZATION		280	160	440 *
81	MH 1966	8,8A	0	MEDI-CAL UNITS - MODE 15-14 MANAGED CARE LCSW	**	7,680	(300)	7,380 *
82	MH 1966	8,8A	Р	MEDI-CAL UNITS - MODE 15-34 MANAGED CARE LCSW	**	54,600	(16,140)	38,460 *
83	MH 1966	8,8A	Q	MEDI-CAL UNITS - MODE 15-44 MANAGED CARE LCSW	**	52,250	(1,705)	50,545 *
84	MH 1966	8,8A	R	MEDI-CAL UNITS - MODE 15-50 MANAGED CARE LCSW	**	675	(100)	575 *
85 Info.	MH 1966	8,8A	-	MEDI-CAL UNITS - MODE 15-40 MANAGED CARE RN		0	3,465	3,465 *
inio.				TOTAL		6,768,405	(64,626)	6,707,244
				To adjust Medi-Cal units to agree with Department of Mental Health of Approved Claims. The auditor submitted detail workpapers to the				
						•		
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	Provider VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT		AVIORAL HEALTH DEPARTMENT	Provider Number 00056	No. of Adj. 160	Fiscal Perio	od Ended 30, 2003	
	Report Reference		I I DLII	TOTAL FILAL ITI DEL ARTIMENT		As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENT	'S	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED UNITS - COUNTY PR	ROVIDERS			
Info.	MH 1966	8,8A 8,8A 8,8A 8,8A 8,8A 8,8A 8,8A 8,8A	BCBBCDEFGHBCDEFGH-JKLMNOPQR-	MEDI-CAL UNITS - MODE 05-13 MEDI-CAL UNITS - MODE 10-95 MEDI-CAL UNITS - MODE 15-01 MEDI-CAL UNITS - MODE 15-10 MEDI-CAL UNITS - MODE 15-10 MEDI-CAL UNITS - MODE 15-30 MEDI-CAL UNITS - MODE 15-40 MEDI-CAL UNITS - MODE 15-50 MEDI-CAL UNITS - MODE 15-60 MEDI-CAL UNITS - MODE 15-70 MEDI-CAL UNITS - MODE 15-70 MEDI-CAL UNITS - MODE 15-10 MANAGED CARE MFCC MEDI-CAL UNITS - MODE 15-40 MANAGED CARE MFCC MEDI-CAL UNITS - MODE 15-11 MANAGED CARE PSYCHIATRI MEDI-CAL UNITS - MODE 15-31 MANAGED CARE PSYCHIATRI MEDI-CAL UNITS - MODE 15-31 MANAGED CARE PSYCHIATRI MEDI-CAL UNITS - MODE 15-61 MANAGED CARE PSYCHIATRI MEDI-CAL UNITS - MODE 15-69 MANAGED CARE PSYCHIATRI MEDI-CAL UNITS - MODE 15-12 MANAGED CARE PSYCHOLOG MEDI-CAL UNITS - MODE 15-32 MANAGED CARE PSYCHOLOG MEDI-CAL UNITS - MODE 15-32 MANAGED CARE PSYCHOLOG MEDI-CAL UNITS - MODE 15-34 MANAGED CARE PSYCHOLOG MEDI-CAL UNITS - MODE 15-34 MANAGED CARE ORGANIZATI MEDI-CAL UNITS - MODE 15-33 MANAGED CARE ORGANIZATI MEDI-CAL UNITS - MODE 15-43 MANAGED CARE ORGANIZATI MEDI-CAL UNITS - MODE 15-43 MANAGED CARE ORGANIZATI MEDI-CAL UNITS - MODE 15-44 MANAGED CARE CSW MEDI-CAL UNITS - MODE 15-50 MANAGED CARE LCSW MEDI-CAL UNITS - MODE 15-44 MANAGED CARE LCSW MEDI-CAL UNITS - MODE 15-50 MANAGED CARE LCSW MEDI-CAL UNITS - MODE 15-40 MANAGED CARE RN TOTAL To adjust Medi-Cal units to agree with County's records and suppo The auditor submitted detail workpapers to the County.	STS ** STS ** STS ** STS ** STS ** SISTS ** ONAL ** ONAL ** ONAL ** ** ** ** ** ** ** ** ** ** ** ** **	3,988 1,628 966 3,028,142 542,687 373,402 1,290,087 76,954 582,261 400,199 25,380 123,915 0 21,720 5,170 30,240 30,735 4,440 18,660 44,275 540 990 440 7,380 38,460 50,545 575 3,465 6,707,244	0 0 0 0 0 0 0 0 0 0 420 14,905 120 1,440 1,680 (375) 8,500 240 5,040 2,365 1,140 11,880 160 540 16,440 3,575 100 (3,465) 68,170	3,988 1,628 966 3,028,142 542,687 373,402 1,290,087 76,954 582,261 400,199 25,800 138,820 120 23,160 6,850 29,865 39,235 4,680 23,700 46,640 1,680 12,870 600 7,920 54,900 54,120 675 0 6,771,949
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				

Provide					Provider Number 00056	No. of Adj. 160	Fiscal Perio	od Ended 30, 2003
	VENTURA	COUN	TY BEH	AVIORAL HEALTH DEPARTMENT	00000	100	June	50, 2003
	Report Re	ference				As	Increase	As
Adj.	Form/			EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
No.	Sch	Line	Col.					· · · · · · · · · · · · · · · · · · ·
	·			ADJUSTMENTS TO REPORTED UNITS - COUNTY PRO	VIDERS			
Info.	MH 1966	8.8A	В	MEDI-CAL UNITS - MODE 05-13	**	3,988	0	3,988 *
Info.	MH 1966	8,8A	Č	MEDI-CAL UNITS - MODE 05-19	**	1,628	ŏ	1,628
Info.	MH 1966	8.8A	В	MEDI-CAL UNITS - MODE 10-95	**	966	ŏ	966
Info.	MH 1966	8,8A	В	MEDI-CAL UNITS - MODE 15-01	**	3,028,142	o l	3,028,142 *
Info.	MH 1966	8,8A	·c	MEDI-CAL UNITS - MODE 15-10	**	542,687	Ō	542,687 *
Info.	MH 1966	8,8A	D	MEDI-CAL UNITS - MODE 15-30	**	373,402	0	373,402 *
Info.	MH 1966	8,8A	Ε	MEDI-CAL UNITS - MODE 15-40	**	1,290,087	0	1,290,087 *
Info.	MH 1966	8,8A	F	MEDI-CAL UNITS - MODE 15-50	**	76,954	0	76,954 *
Info.	MH 1966	8,8A	G	MEDI-CAL UNITS - MODE 15-60	**	582,261	. 0	582,261 *
Info.	MH 1966	8,8A	Н	MEDI-CAL UNITS - MODE 15-70	**	400,199	, 0	400,199 *
104	MH 1966	8,8A	В	MEDI-CAL UNITS - MODE 15-10 MANAGED CARE MFCC	**	25,800	(420)	25,380 *
105	MH 1966	8,8A	C	MEDI-CAL UNITS - MODE 15-40 MANAGED CARE MFCC	**	138,820	(14,905)	123,915
106	MH 1966	8,8A	D	MEDI-CAL UNITS - MODE 15-11 MANAGED CARE PSYCHIATRIST		120	(120)	. 0
107	MH 1966	8,8A	E	MEDI-CAL UNITS - MODE 15-31 MANAGED CARE PSYCHIATRIST	_	23,160	(1,440)	21,720
108	MH 1966	8,8A	F G	MEDI-CAL UNITS - MODE 15-41 MANAGED CARE PSYCHIATRIST		6,850	(1,680)	5,170
Info. 109	MH 1966 MH 1966	8,8A 8.8A	H	MEDI-CAL UNITS - MODE 15-61 MANAGED CARE PSYCHIATRIST MEDI-CAL UNITS - MODE 15-69 MANAGED CARE PSYCHIATRIST		29,865	0 (0.500)	29,865 *
110	MH 1966	8,8A	i	MEDI-CAL UNITS - MODE 15-69 MANAGED CARE PSYCHIATRIST MEDI-CAL UNITS - MODE 15-12 MANAGED CARE PSYCHOLOGIS	0	39,235 4,680	(8,500)	30,735
111	MH 1966	8.8A	j	MEDI-CAL UNITS - MODE 15-12 MANAGED CARE PSYCHOLOGIS	13	23,700	(240) (5,040)	4,440 18,660
112	MH 1966	8.8A	ĸ	MEDI-CAL UNITS - MODE 15-42 MANAGED CARE PSYCHOLOGIS	10	46,640	(2,365)	44,275
113	MH 1966	8.8A	L	MEDI-CAL UNITS - MODE 15-13 MANAGED CARE ORGANIZATION		1,680	(1,200)	44,275
114	MH 1966	8,8A	М	MEDI-CAL UNITS - MODE 15-43 MANAGED CARE ORGANIZATION		12.870	(12,265)	605 *
115	MH 1966	8,8A	N	MEDI-CAL UNITS - MODE 15-53 MANAGED CARE ORGANIZATION		600	(80)	520 *
116	MH 1966	8,8A	0	MEDI-CAL UNITS - MODE 15-14 MANAGED CARE LCSW	**	7,920	(540)	7,380
117	MH 1966	8,8A	Р	MEDI-CAL UNITS - MODE 15-34 MANAGED CARE LCSW	**	54,900	(16,440)	38,460
118	MH 1966	8,8A	Q	MEDI-CAL UNITS - MODE 15-44 MANAGED CARE LCSW	**	54,120	(3,575)	50,545
119	MH 1966	8,8A	R	MEDI-CAL UNITS - MODE 15-50 MANAGED CARE LCSW	**	675	(100)	575
Info.	MH 1966	8,8A	-	MEDI-CAL UNITS - MODE 15-40 MANAGED CARE RN	**	0	Ò	0.
Info.				TOTAL		6,771,949	(68,910)	6,703,039
		,		To adjust Medi-Cal units to the lower of DMH Summary of Approved (laims or the			
				County's records. The auditor submitted detail workpapers to the Cou	inty.			
			•					
				* Balance carried forward to subsequent adjustment.				
				** Balance brought forward from prior adjustment.				

Provider			The second secon	Provider Number	No. of Adj.	Fiscal Period Ended		
	VENTURA	COUN	TY BEH	AVIORAL HEALTH DEPARTMENT 00056		160	June :	30, 2003
	Report Reference			EVEL ANATION OF AUDIT AD MICTARFAITS			Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED UNITS - COUNTY PRO	VIDERS		·	
120 121 122 123 124 125 126 127 128 129 130 131 132 Info.	MH 1966 MH 1966	8,8A 8,8A 8,8A 8,8A 8,8A 8,8A 8,8A 8,8A	BBCDEFGHBGLMN	MEDI-CAL UNITS - MODE 05-13 MEDI-CAL UNITS - MODE 15-01 MEDI-CAL UNITS - MODE 15-10 MEDI-CAL UNITS - MODE 15-30 MEDI-CAL UNITS - MODE 15-40 MEDI-CAL UNITS - MODE 15-50 MEDI-CAL UNITS - MODE 15-50 MEDI-CAL UNITS - MODE 15-70 MEDI-CAL UNITS - MODE 15-70 MEDI-CAL UNITS - MODE 15-10 MANAGED CARE MFCC MEDI-CAL UNITS - MODE 15-61 MANAGED CARE PSYCHIATRIST MEDI-CAL UNITS - MODE 15-13 MANAGED CARE ORGANIZATION MEDI-CAL UNITS - MODE 15-43 MANAGED CARE ORGANIZATION MEDI-CAL UNITS - MODE 15-53 MANAGED CARE ORGANIZATION MEDI-CAL UNITS - MODE 15-53 MANAGED CARE ORGANIZATION	IAL **	3,988 3,028,142 542,687 373,402 1,290,087 76,954 582,261 400,199 25,380 29,865 480 605 520 6,354,570	(2) (7,387) (2,174) (776) (7,157) (425) (1,210) (1,575) (120) (15) (480) (605) (520) (22,446)	3,986 3,020,755 540,513 372,626 1,282,930 76,529 581,051 398,624 25,260 29,850
				To adjust Medi-Cal units to reflect adjustments identified by the Count The auditor submitted detail workpapers to the County. - County's Backout Units - Managed Care Organizational Provider without cost report. - Medi-Cal Units greater than Audited Total Units	(20,706) (1,605) (135) (22,446)			
133 134 135 136 137 Info.	MH 1966 MH 1966 MH 1966 MH 1966 MH 1966	8,8A 8,8A 8,8A 8,8A 8,8A	TOTAL TOTAL TOTAL TOTAL TOTAL	ADJUSTMENTS TO REPORTED UNITS - CONTRACT PROMISE AND ADJUSTMENTS TO REPORTED UNITS - CONTRACT PROMISE AND ADJUSTMENTS - ENTITY #00108 TELECARE CORPORATION MEDI-CAL UNITS - ENTITY #00226 TURNING POINT FOUNDATION MEDI-CAL UNITS - ENTITY #00275 CASA PACIFICA MEDI-CAL UNITS - ENTITY #00295 DESERT COUNSELING CLINIC MEDI-CAL UNITS - ENTITY #00409 ANNE SIPPI CLINIC TOTAL To adjust reportedMedi-Cal units to agree with Department of Mental I Summary of Approved Claims. The auditor submitted detail workpaper * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.	N Health (DMH)	609,771 367,703 722,131 0 34,491 1,734,096	6,403 800 (26,042) 83,155 (1,227) 63,089	616,174 * 368,503 * 696,089 * 83,155 * 33,264 *

Provide		COUN	TV REHA	Provider Number AVIORAL HEALTH DEPARTMENT 00056	No. of Adj. 160	Fiscal Peri June	od Ended 30, 2003
	Report Re				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED UNITS - CONTRACT PROVIDERS			
Info. Info. Info. Info. Info.	MH 1966 MH 1966 MH 1966 MH 1966 MH 1966	8,8A 8,8A 8,8A 8,8A 8,8A	TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS - ENTITY #00106 FELECARE CORPORATION MEDI-CAL UNITS - ENTITY #00226 TURNING POINT FOUNDATION MEDI-CAL UNITS - ENTITY #00275 CASA PACIFICA MEDI-CAL UNITS - ENTITY #00295 DESERT COUNSELING CLINIC	** 616,174 ** 368,503 ** 696,089 ** 83,155 ** 33,264 1,797,185	0 0 0 0 0	616,174 * 368,503 * 696,089 * 83,155 * 33,264 * 1,797,185
138 139 140 141 Info.	MH 1966 MH 1966 MH 1966 MH 1966 MH 1966	8,8A 8,8A 8,8A 8,8A 8,8A	TOTAL TOTAL TOTAL TOTAL	The auditor submitted detail workpapers to the County. MEDI-CAL UNITS - ENTITY #00108 TELECARE CORPORATION MEDI-CAL UNITS - ENTITY #00226 TURNING POINT FOUNDATION MEDI-CAL UNITS - ENTITY #00275 CASA PACIFICA MEDI-CAL UNITS - ENTITY #00295 DESERT COUNSELING CLINIC	** 616,174 ** 368,503 ** 696,089 ** 83,155 ** 33,264 1,797,185	(5,631) (1,155) (6,982) (83,155) 0 (96,923)	610,543 367,348 689,107 0 33,264 1,700,262
				To adjust Medi-Cal units to reflect adjustments identified by the County and State. The auditor submitted detail workpapers to the County. - County's Backout Units - State DMH Medi-Cal Oversight Disallowances - Provider without a cost report (82,650) (96,923)			
				ADJUSTMENTS TO REPORTED REVENUES - COUNTY PROVIDERS			
142 143 Info.	MH 1968 MH 1968	28 28A	E	SD/MC + CROSSOVER REVENUES - INPATIENT 07/02 - 09/30/02 SD/MC + CROSSOVER REVENUES - INPATIENT 10/02 - 06/30/03 TOTAL To adjust reported crossover revenues to agree with County's records.	\$ 163,984 599,856 \$ 763,840	\$ (8,258) (30,207) \$ (38,465)	\$ 155,726 * 569,649 * 725,375
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

Provide		001111	TV DEU	AVIORAL HEALTH DEPARTMENT	Provider Number 00056	No. of Adj. 160		iod Ended 0, 2003
			I A REH	TORAL REALTH DEFARTIMENT			<u> </u>	·
Adj. No.	Report Ref	ference Line	Col.	EXPLANATION OF AUDIT ADJUSTMENT	S ,.	As Reported	Increase (Decrease)	As Adjusted
110.	OGI.			ADJUSTMENTS TO REPORTED REVENUES - COUNTY	PROVIDERS	·		
144 145 Info.	MH 1968 MH 1968	28 28A	E	SD/MC + CROSSOVER REVENUES - INPATIENT 07/02 - 09/30/0 SD/MC + CROSSOVER REVENUES - INPATIENT 10/02 - 06/30/0 TOTAL		\$ 155,726 569,649 \$ 725,375	\$ 59,451 217,471 \$ 276,922	\$ 215,177
				To include the settlement of the Medicare cost report dated Septem	ber 26, 2006.			
146 147 Info.	MH 1968 MH 1968	28 28A	K K	SD/MC + CROSSOVER REVENUES - OUTPATIENT 07/02 - 09/30 SD/MC + CROSSOVER REVENUES - OUTPATIENT 10/02 - 06/30 TOTAL		\$ 31,231 70,326 \$ 101,557	\$ (10,463) \$ (23,562) \$ (34,025)	\$ 20,768 46,764 \$ 67,532
				To adjust reported crossover revenues to agree with County's record	ds.			
				ADJUSTMENTS TO OTHER MATTERS - COUNTY OF	PERATED			
148 149 150 151 152 153 154 155 Info.	MH 1991 MH 1991 MH 1991 MH 1991 MH 1991 MH 1991 MH 1991		OOOOIIII	PHYSICIAN COSTS - 07/01/02-07/30/02 PHYSICIAN COSTS - 08/01/02-09/30/02 PHYSICIAN COSTS - 10/01/02-12/31/02 PHYSICIAN COSTS - 01/01/03-06/30/03 ANCILLARY COSTS - 07/01/02-07/30/02 ANCILLARY COSTS - 08/01/02-09/30/02 ANCILLARY COSTS - 10/01/02-12/31/02 ANCILLARY COSTS - 01/01/03-06/30/03 TOTAL To adjust reported physician and ancillary costs to agree with audit per County's records.	ed amounts	\$ 5,482 14,760 19,145 32,091 6,270 16,881 21,896 36,703 \$ 153,228	\$ (253) (422) (1,349) (801) (2,180) (5,666) (7,976) (12,228) \$ (30,875)	\$ 5,229 14,338 17,796 31,290 4,090 11,215 13,920 24,475 \$ 122,353
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider				Provider Number	No. of Adj.	1	iod Ended	
			TY BEH	VIORAL HEALTH DEPARTMENT 00056		160	June 3	0, 2003
	Report Ref	ference		EXPLANATION OF AUDIT ADJUSTMENT	· · · · · · · · · · · · · · · · · · ·	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENT				
				ADJUSTMENTS TO REPORTED SETTLEMEN	J			
156	MH 1979	2	С	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS RI	EIMBURSEMENT	\$ 4,471,205	\$ (106,506)	\$ 4,364,699
				To adjust outpatient contract provider Medi-Cal Direct Service Gross as a result of adjustments to SD/MC units of service.	s Reimbursement			
				Entity #00108 Telecare Corporation \$ Entity #00226 Turning Point Foundation Entity #00275 Casa Pacifica Entity #00295 Desert Counseling Clinic	2,219,327 620,573 1,440,650			
		·		Entity #00409 Anne Sippi Clinic \$ 3	84,149 4,364,699			
157 158 Info.	MH 1979 MH 1979	23 27	J	TOTAL SD/MC REIMBURSEMENT FFP - COUNTY PROVIDERS TOTAL HEALTHY FAMILIES REIMBURSEMENT FFP - COUNTY FOTAL	PROVIDERS	\$ 10,490,807 \$ 10,490,807	\$ (757,745) 675 \$ (757,070)	\$ 9,733,062 \$ 675 \$ 9,733,737 *
				To adjust Total SD/MC Reimbursement to reflect the result of the admade to costs, revenues and units of service.	djustments			
159	Sch. 1	1		TOTAL SD/MC REIMBURSEMENT - FFP	**	\$ 9,733,737	\$ 2,248,558	\$ 11,982,295
				To adjust Total SD/MC Reimbursement for contract providers to reflect result of adjustments to SD/MC units of service.	ect the	1		
				Per Final Settlement \$ Adjustment Per Audit \$	2,302,806 (54,248) 2,248,558			
160	Sch. 4			EPSDT - SGF		\$ 1,863,646	\$ (61,623)	\$ 1,802,023
				To adjust the final settlement under EPSDT program to reflect the a made to costs and units of service.	adjustments			
	·			* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

Fiscal Year 2002-2003

County: VENTURA

County Code: 56

	Legal Entity: VENTURA COUNTY - B.H.D.	Α	В	С
Lec	gal Entity Number: 00056	Salaries		Total
		and Benefits	Other	Costs
1	Mental Health Expenditures	28,157,285	24,760,724	52,918,009
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(7,622,254)	(7,622,254)
4	Other Adjustments (Provide Detail)		(2,972,479)	(2,972,479)
5	Total Costs Before Medi-Cal Adjustments	28,157,285	14,165,991	42,323,276
6	Medi-Cal Adjustments from MH 1961			2,910,985
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			45,234,261
	Administrative Costs (County Only)			
9	SD/MC Administration			1,687,384
10	Healthy Families Administration			89
11	Non-SD/MC Administration			1,826,526
12	Total Administrative Costs			3,513,999
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			395,409
14	Other SD/MC Utilization Review			339,005
15	Non-SD/MC Utilization Review			531,816
16	Total Utilization Review Costs			1,266,230
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			40,454,032
19	Total Costs - Lines 9 through 18			45,234,261

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: VENTURA

County Code: 56

	Legal Entity: VENTURA COUNTY - B.H.D.	A	В	С
Le	gal Entity Number: 00056	Salaries		Total
		and Benefits	Other	Adjustments
1	DEPRECIATION		318,685	318,685
2				
3	ADJUSTMENTS PER STATE DMH AUDIT			
4	To adjust reported inpatient costs for Ventura County			
5	Medical Center to agree with State Department of			
6	Health Services' Audit.		2,621,018	2,621,018
7				
8	To adjust reported outpatient managed care costs to			
9	agree with County's records.		(14,868)	(14,868)
10				
11	To eliminate organizational provider costs reported			
12	as Outpatient Program 2 costs.	·	(13,850)	(13,850)
13				
14				
15				
16				
17				
18				
19				
	Total Adjustments		2,910,985	2,910,985

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: VENTURA

County Code: 56

	Legal Entity: VENTURA COUNTY - B.H.D.	A
Le	gal Entity Number: 00056	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	40,454,032
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	12,310,326
3	Other 24 Hour Services (Mode 05-All Other SFC)	44,896
4	Day Services (Mode 10)	313,239
5	Outpatient Services (Mode 15 Program 1 + Program 2)	26,136,738
6	Outreach Services (Mode 45)	982,522
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	666,311
9	Total - Lines 2 through 8	40,454,032

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL D MH 1966A (10/04)

DETAIL COST REPORT

County: VENTURA

33 Non-Medi-Cal Costs

CR County Code: 56 CR Legal Entity: VENTURA COUNTY - B.H.D. \overline{c} В П E G Legal Entity Number: 00056 Service Service Service Service Service Service Mode: 05 - Hospital Inpatient (SFC 10-19) Mode Total **Function** Function Function Function Function Function 13 19 Allocation Percentage 100.00% 78.04% 21.96% Total Units 10,173 2,863 **Gross Cost** 12,310,326 9,606,700 2,703,626 Cost per Unit 944.33 944.33 SMA per Unit 838.20 235.96 Published Charge per Unit 884.00 884.00 Negotiated Rate / Cost per Unit 07/01/02 - 09/30/02 753 464 Medi-Cal Units 8A 10/01/02 - 06/30/03 2,233 1,164 07/01/02 - 09/30/02 230 9 Medicare/Medi-Cal Crossover Units 10/01/02 - 06/30/03 9A 770 10 07/01/02 - 09/30/02 Enhanced SD/MC (Children) Units 10A 10/01/02 - 06/30/03 10B Enhanced SD/MC (Refugees) Units 07/01/02 - 06/30/03 11 07/01/02 - 09/30/02 Healthy Families (SED) Units 11A 10/01/02 - 06/30/03 12 Non-Medi-Cal Units 6,187 1,235 13 07/01/02 - 09/30/02 855,005 711,083 143,922 Medi-Cal Costs 13A 10/01/02 - 06/30/03 2,471,323 362,627 2,108,696 14 07/01/02 - 09/30/02 775,087 631,165 143,922 Medi-Cal SMA Upper Limits 14A 10/01/02 - 06/30/03 2,234,328 1,871,701 362.627 15 07/01/02 - 09/30/02 809,574 665,652 143,922 Medi-Cal Published Charges 15A 10/01/02 - 06/30/03 2,336,599 1,973,972 362,627 * 16 07/01/02 - 09/30/02 Medi-Cal Negotiated Rates 16A 10/01/02 - 06/30/03 17 07/01/02 - 09/30/02 217,197 217,197 Medicare/Medi-Cal Crossover Costs 17A 10/01/02 - 06/30/03 727,136 727,136 18 07/01/02 - 09/30/02 192,786 192,786 Medicare/Medi-Cal Crossover SMA Upper Limits 18A 10/01/02 - 06/30/03 645,414 645,414 19 07/01/02 - 09/30/02 203,320 203,320 Medicare/Medi-Cai Crossover Published Charges 19A 10/01/02 - 06/30/03 680,680 680,680 20 20A 07/01/02 - 09/30/02 Medicare/Medi-Cal Crossover Negotiated Rates 10/01/02 - 06/30/03 21 07/01/02 - 09/30/02 Enhanced SD/MC (Children) Costs 21A 10/01/02 - 06/30/03 22 07/01/02 - 09/30/02 Enhanced SD/MC (Children) SMA Upper Limits 22A 10/01/02 - 06/30/03 23 23A 07/01/02 - 09/30/02 Enhanced SD/MC (Children) Published Charges 10/01/02 - 06/30/03 24 07/01/02 - 09/30/02 Enhanced SD/MC (Children) Negotiated Rates 24A 10/01/02 - 06/30/03 25 Enhanced SD/MC (Refugees) Costs 07/01/02 - 06/30/03 26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/02 - 06/30/03 27 Enhanced SD/MC (Refugees) Published Charges | 07/01/02 - 06/30/03 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06/30/03 29 07/01/02 - 09/30/02 **Healthy Families Costs** 29A 10/01/02 - 06/30/03 30 07/01/02 - 09/30/02 Healthy Families SMA Upper Limits 30A 10/01/02 - 06/30/03 31 07/01/02 - 09/30/02 Healthy Families Published Charges 10/01/02 - 06/30/03 07/01/02 - 09/30/02 Healthy Families Negotiated Rates 10/01/02 - 06/30/03

8,039,665 5,842,589

2,197,076

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: VENTURA

	County Code: 56			CR					
	Legal Entity: VENTURA COUNTY - B.H.D.	······································	Α	В	С	D	Е	F	G
Leg	gal Entity Number: 00056			Service	Service	Service	Service	Service	Service
	Mode: 05 - Other 24 Hour Services (All	Other SFC)	Mode Total	Function	Function	Function	Function	Function	Function
1	Allocation Percentage		100.00%	85 100.00%					
2	Total Units		100.0078	3,840		-	ļ		
3	Gross Cost	***	44,896	44,896					
4	Cost per Unit			11.69					
5	SMA per Unit			11.03					
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit						1		
8	in a comment	07/01/02 - 09/30/02				101-1-101-1-1-1-1-1-			111111111111111111111111
8A	Medi-Cal Units	10/01/02 - 06/30/03							
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A	inicalculation out of occover of the	10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02				<u> </u>	<u> </u>		ļ
10A	Enhanced SD/MC (Refugees) Units	10/01/02 - 06/30/03							
10B 11		07/01/02 - 06/30/03				-			
11A	Healthy Families (SED) Units	10/01/02 - 06/30/03	 			 	 	 	
12	Non-Medi-Cal Units	1.0.0.00		3,840	<u> </u>	 		l	t
		07/01/02 - 09/30/02		eren eren bereit	<u>सम्बद्धाः स्थितस्य</u>	120-120-1100	<u>anneer Fran</u>		name in the same of
13 13A	Medi-Cal Costs	10/01/02 - 06/30/03							
14		07/01/02 - 09/30/02	 			· · · · · · · · · · · · · · · · · · ·		ļ <u>.</u>	
14A	Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03							
15	Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A	Medi-Cal Published Charges	10/01/02 - 06/30/03							
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							120200000000000000000000000000000000000
17A	Medicare/Medi-Cai Crossover Costs	10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03				<u> </u>			
19 19A	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
20		10/01/02 - 06/30/03 07/01/02 - 09/30/02				 		.	
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03					 	 	
	200000000000000000000000000000000000000		30.000000000		***************************************	400000000000000000000000000000000000000	Aletereleteristerie		
21 21A	Enhanced SD/MC Costs	07/01/02 - 09/30/02 10/01/02 - 06/30/03		ļ					ļ
22		07/01/02 - 09/30/02		 					
22A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03	 	<u> </u>		 	 		
23	Enhanced CD/MC Dublished Charge	07/01/02 - 09/30/02					I		
23A	Enhanced SD/MC Published Charges	10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A	The state of the s	10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		iniala: - labriata inte	1-1-1-1-1-1-1-1-1-1-1-1-1			1.131.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	1	1			1		
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							1
29	Handan Familia Casta	07/01/02 - 09/30/02			*************		The second secon		
29A	Healthy Families Costs	10/01/02 - 06/30/03					<u> </u>		
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A	Troubly t diffines office oppor Littles	10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02	ļ						
31A 32		10/01/02 - 06/30/03	 		ļ	 	 		1
32A	Healthy Families Negotiated Rates	07/01/02 - 09/30/02 10/01/02 - 06/30/03	 	l		 	ļ		 -
		10/01/02 - 00/00/03			100000000000000000000000000000000000000				on Carrier on the
33	Non-Medi-Cal Costs		44,896	44,896		1	L	L	

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: VENTURA
County Code: 56

CR CR

	County Code: 56			CR	CR				
	Legal Entity: VENTURA COUNTY - B.H.D.		Α	В	С	D	E	F	G
Leç	al Entity Number: 00056			Service	Service	Service	Service	Service	Service
	Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function	Function
	Allocation Description		400,000/	41	95				
2	Allocation Percentage Total Units		100.00%	60.46% 12.720	39.54% 3,691				
3	Gross Cost		313,239	189,391	123,848	······································			
121111			010,200	وسنا مجرنا بعتزيورن					
4	Cost per Unit SMA per Unit			14.89	33.55			·	
5 6	Published Charge per Unit				115.14 115.26				
7	Negotiated Rate / Cost per Unit				113.20				-
77.77				44044466464					
8	Medi-Cal Units	07/01/02 - 09/30/02			352 614				L
8A		10/01/02 - 06/30/03 07/01/02 - 09/30/02			614				
9 9A	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03	 		-				
10		07/01/02 - 09/30/02					 		
10A	Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03	tiilliilliilliilliilliilli				<u> </u>		
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	<u> </u>	07/01/02 - 09/30/02							
11A	Healthy Families (SED) Units	10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			12,720	2,725				
13		07/01/02 - 09/30/02	11,811	1+1+1+1+2+1414141717	11,811	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
13A	Medi-Cal Costs	10/01/02 - 06/30/03	20,602		20,602		1		
14	14-di C-l C141 12 Li-ia-	07/01/02 - 09/30/02	40,529		40,529				
14A	Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	70,696		70,696				
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	40,572		40,572				
15A	Medi-Cal i dollshed Charges	10/01/02 - 06/30/03	70,770		70,770				
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A	mod. Ga, rogotalos ratio	10/01/02 - 06/30/03	<u> </u>	*************				*************	
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02			, , , , , , , , , , , , , , , , , , , ,				
17A	Medicare/Medi-Car Crossover Costs	10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A	medicare/medi-oal orossover offic oppor Elimis	10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							<u></u>
19A		10/01/02 - 06/30/03							
20 20A	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02 10/01/02 - 06/30/03	 						
12.11.1					10000000000000	02220000000			and and and and
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02	ļ						
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	ļl				ļ		
22A		10/01/02 - 06/30/03 07/01/02 - 09/30/02	 		-				
23 23A	Enhanced SD/MC Published Charges	10/01/02 - 06/30/03	 				 		
24		07/01/02 - 09/30/02	 		-		-	 	
24A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03						-	
2000	5-1		200000000000000000000000000000000000000	Harris Britania (1977)					
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03	ļ				 		ļ
26 27	Enhanced SD/MC (Refugees) SMA Upper Limits Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03	 	· · · · · · · · · · · · · · · · · · ·	<u> </u>		 	-	
28	Enhanced SD/MC (Refugees) Published Charges Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03	 				 		
3000	organization of the state of th	ing pangaang pat aga		<u>eraganarana</u>	erangaraga.	वस्यवस्यवस्य	वयद्यवयवय	100000000000000000000000000000000000000	ववस्यवस्य
29	Healthy Families Costs	07/01/02 - 09/30/02	 				 		
29A	-	10/01/02 - 06/30/03	 	<u>.</u>			-	 	
30 30A	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02 10/01/02 - 06/30/03			ļ		 	 	ļ
31		07/01/02 - 09/30/02	 	····		-	 		
31A	Healthy Families Published Charges	10/01/02 - 06/30/03							
32	Marithu Familias Nagatista d Datas	07/01/02 - 09/30/02					t		
32A	Healthy Families Negotiated Rates	10/01/02 - 06/30/03					<u> </u>		
33	Non-Medi-Cal Costs		280,826	189,391	91,435	-141-1-141-1-141-1	1-		
20	I TOUT-MOUT-OUT COSIS		200,020	ופט,פטו	31,430		J	i	<u> </u>

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

	County: VENTURA County Code: 56			CR	CR	CR	CR	CR	CR	CR
	Legal Entity: VENTURA COUNTY - B.H.D.		A	В	C I	D 1	E	F	G	Н 3
100	Legal Entity: VENTURA COUNTY - B.H.D.			Service	Service	Service	Service	Service	Service	Service
ren	Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Function	Function
	mode. To copanion (1 region 1)		1	01	10	30	40	50	60	70
1	Allocation Percentage		100.00%	28,06%	10.50%	8.36%	19.73%	2.80%	17.70%	12.85%
2	Total Units			4,480,678	1,301,767	1,035,845	2,444,997	347,031	1,182,495	1,065,122
3	Gross Cost		25,385,756	7,124,091	2,666,125	2,121,495	5,007,554	710,748	4,493,125	3,262,618
4	Cost per Unit			1.59	2.05	2.05	2.05	2.05	3.80	3.06
5	SMA per Unit			1.77	2.03	2.05	2.03	2.28	4.23	3,41
	Published Charge per Unit			2.00	2.55	2.55	2.55	2.55	4.75	3.80
7	Negotiated Rate / Cost per Unit						2.00	2,00	1,,,,	
-									100000000000000000000000000000000000000	
8	Medi-Cal Units	07/01/02 - 09/30/02		668,411	124,908	82,768	302,128	12,981	117,127	101,334
8A		10/01/02 - 06/30/03		2,350,258	413,138	282,112	976,549	63,513	424,351	296,045
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02				300			2,840	290
9A	<u> </u>	10/01/02 - 06/30/03		070		3,557	325		33,742	885
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02		272	213	2.000	500	35	137	70
10A	Enhanced SD/MC (Refugees) Units	10/01/02 - 06/30/03		1,737	2,238	3,889	3,428	35	2,797	70
		07/01/02 - 06/30/03								
11 11A	Healthy Families (SED) Units	07/01/02 - 09/30/02							57	
	Non-Medi-Cal Units	10/01/02 - 06/30/03		77	764 254	662.240	1 162 007	270 500	601,444	666 400
12	HOIPVIOUP CALL OTHES			1,459,923	761,254	663,219	1,162,067	270,502		666,498
13	Medi-Cal Costs	07/01/02 - 09/30/02	2,888,900	1,062,746	255,822	169,516	618,783	26,586	445,047	310,400
13A	Wiedi-Cai Costs	10/01/02 - 06/30/03	9,810,106	3,736,812	846,140	577,788	2,000,052	130,080	1,612,406	906,827
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	3,216,033	1,183,087	284,790	188,711	688,852	29,597	495,447	345,549
14A	Medi-Cal SMA Opper Limits	10/01/02 - 06/30/03	10,920,986	4,159,957	941,955	643,215	2,226,532	144,810	1,795,005	1,009,513
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	3,611,346	1,336,822	318,515	211,058	770,426	33,102	556,353	385,069
15A	Medi-Cal Fublished Charges	10/01/02 - 06/30/03	12,266,200	4,700,516	1,053,502	719,386	2,490,200	161,958	2,015,667	1,124,971
16	Madi Cal Magatisted Bates	07/01/02 - 09/30/02								
16A	Medi-Cal Negotiated Rates	10/01/02 - 06/30/03								
17		07/01/02 - 09/30/02	12,294			614	111111111111111111111111111111111111111		10,791	888
17A	Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03	138,871			7,285	666		128,209	2,711
18		07/01/02 - 09/30/02	13,686			684	000		12,013	989
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03	154,597			8,110	741		142,729	3,018
19		07/01/02 - 09/30/02	15,357			765			13,490	1,102
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03	173,537			9,070	829		160,275	3,363
20		07/01/02 - 09/30/02	110,001			5,51,5			100,210	
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03								
	************************			1000 TO 1000				************		
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02	2,413	432	436	7.00	1,024		521	0::
21A		10/01/02 - 06/30/03	33,245	2,762	4,584	7,965	7,021	72	10,628	214
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	2,687	481	486	0.00=	1,140		580	222
22A		10/01/02 - 06/30/03	37,010	3,074	5,103	8,867	7,816	80	11,831	239
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	3,013	544	543	0.017	1,275	89	651	266
23A		10/01/02 - 06/30/03	41,480	3,474	5,707	9,917	8,741	89	13,286	∠66
24 24A	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02	ļ			L				
24A		10/01/02 - 06/30/03		*101010101010101010					417141414141414141	
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03								
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03								
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03				-				
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03								
29		07/01/02 - 09/30/02	********	1.000 - 1.000		57-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	***********		arararaga da sara	arinaria.
29A	Healthy Families Costs	10/01/02 - 06/30/03	372	122	33				217	
30		07/01/02 - 09/30/03	3/2	122	33				217.	
30A	Healthy Families SMA Upper Limits		414	136	36				241	
31A		10/01/02 - 06/30/03 07/01/02 - 09/30/02	414	130	30				∠41	
31A	Healthy Families Published Charges	10/01/02 - 06/30/03	466	154	41				271.	
32		07/01/02 - 09/30/02	400	134	41				2/1	
32A	Healthy Families Negotiated Rates	10/01/02 - 09/30/02	 							
1227		110/01/02 - 00/30/03	h				4.1.4.4.1.1.1.1.1.1.1.1.1.1.1		20212121212121212	

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 3 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: VENTURA								•
County Code: 56			MHS	MHS	MHS	MHS	MHS	MHS
Legal Entity: VENTURA COUNTY - B.H.D.		Α	В	С	D	E	F	G
Legal Entity Number: 00056		Mode Total	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)		Mode Total	Function 10	Function 40	Function 11	Function 31	Function 41	Function 61
1 Allocation Percentage	****	100.00%	4.01%	23.51%	0.02%	5.12%	1.49%	14.57%
2 Total Units			25,800	138,820	120	23,160	6,850	29,865
3 Gross Cost		750,982	30,100	176,560	180	38,464	11,161	109,447
4 Cost per Unit	· · · · · · · · · · · · · · · · · · ·		1.17	1.27	1.50	1.66	1.63	3.66
5 SMA per Unit			2.28	2.28	2.28	2.28	2.28	4.23
6 Published Charge per Unit								
7 Negotiated Rate / Cost per Unit								
8	07/01/02 - 09/30/02		5,910	25,520		6,960	1,980	7,616
Medi-Cal Units	10/01/02 - 06/30/03		17,610	94,930		14,520	3,190	22,204
9 Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02			275				
9A	10/01/02 - 06/30/03			110				
10 Enhanced SD/MC Units	07/01/02 - 09/30/02		180	220		120		15
[10A]	10/01/02 - 06/30/03		1,320	2,695	· · · · · · · · · · · · · · · · · · ·	120		15
10B Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03			10-				
11 Healthy Families (SED) Units	07/01/02 - 09/30/02		240	165				
12 Non-Medi-Cal Units	10/01/02 - 06/30/03		540	14,905	120	1,440	1,680	15
	processor and the second		0.0000000000000000000000000000000000000		120			
13 Medi-Cal Costs	07/01/02 - 09/30/02	145,544	6,895	32,458		11,559	3,226	27,911
13A	10/01/02 - 06/30/03	504,546	20,545	120,738		24,115	5,198	81,372
14 Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	226,276	13,475	58,186		15,869	4,514	32,216
14A Medi-Oai OWA Opper Estitus	10/01/02 - 06/30/03	788,918	40,151	216,440		33,106	7,273	93,923
15 15A Medi-Cal Published Charges	07/01/02 - 09/30/02 10/01/02 - 06/30/03							
16	07/01/02 - 09/30/02	 						
16A Medi-Cal Negotiated Rates	10/01/02 - 06/30/03							
	.00000000000000000		00000000000		00000000000	000000000000	*************	
17 17A Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	385 265		350				
10	10/01/02 - 06/30/03 07/01/02 - 09/30/02	684		140 627				
18A Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03	445		251				
10	07/01/02 - 09/30/02	1						****
19A Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03				******			-
20 Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A Wedicare/Wedi-Car Crossover Negotiated Rates	10/01/02 - 06/30/03							
21 Enhanced SD/MC Contr	07/01/02 - 09/30/02	1,485	210	280	*1.51.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	199		55
Enhanced SD/MC Costs	10/01/02 - 06/30/03	7,150	1,540	3,428		199		55
22	07/01/02 - 09/30/02	2,378	410	502		274		63
22A Ennanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03	12,626	3,010	6,145		274		63
Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A Chilanced Objivio Fubilished Charges	10/01/02 - 06/30/03							
Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A Cinianced Convict Negotiated Nates	10/01/02 - 06/30/03							
25 Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03	*************				<u> </u>		<u> </u>
26 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03			*******				
27 Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	07/01/02 - 09/30/02	490	280	210				
29A Healthy Families Costs	10/01/02 - 06/30/03	80						
30 Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	923	547	376				
30A 1	10/01/02 - 06/30/03	137						
Healthy Families Published Charges	07/01/02 - 09/30/02							
31A	10/01/02 - 06/30/03							
Healthy Families Negotiated Rates	07/01/02 - 09/30/02							·
32A	10/01/02 - 06/30/03	e174101010101010101010101010	****************		1515151111111111111			
33 Non-Medi-Cal Costs		2,338,436	1,169,218	584,609	292,305	146,152	2,737	55

DEPARTMENT OF MENTAL HEALTH PAGE 2 OF 3 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: VENTURA County Code: 56		MHS	MHS	мнѕ	MHS	MHS	MHS	MHS ·
Legal Entity: VENTURA COUNTY - B.H.D.		H			K		M	N N
Legal Entity Number: 00056		Service	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)		Function 69	Function 12	Function 32	Function 42	Function 13	Function 43	Function 53
1 Allocation Percentage		14.99%	0.83%	4.93%	9.02%	- 13	40	
2 Total Units		39,235	4,680	23,700	46,640			
3 Gross Cost		112,565	6,240	37,039	67,739			
							1911/1911/1911	
4 Cost per Unit 5 SMA per Unit		2.87 4.23	1.33 2.28	1.56 2.28	1.45 2.28	2.28	2.28	2.28
6 Published Charge per Unit		4.23	2.20	2.20	2.20	2,20	2.20	2.20
7 Negotiated Rate / Cost per Unit								
	Tozio (100 - 00/00/00	2.00		4.000				
Medi-Cal Units	07/01/02 - 09/30/02	3,460	1,440	4,620	7,645			
BA (Wed-Oat Office	10/01/02 - 06/30/03	27,275	2,940	13,440	36,575			
Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A Modicard/Modification	10/01/02 - 06/30/03			240	55			
10A Enhanced SD/MC Units	07/01/02 - 09/30/02			360	35			
10B Enhanced SD/MC (Refugees) Units	10/01/02 - 06/30/03			300				
14	07/01/02 - 06/30/03							
11 Healthy Families (SED) Units	07/01/02 - 09/30/02 10/01/02 - 06/30/03		60					
11A 12 Non-Medi-Cal Units	10/01/02 - 00/30/03	8,500	240	5,040	2,365			
	gagaran da an		250000000000000000000000000000000000000					
Medi-Cal Costs	07/01/02 - 09/30/02	9,927	1,920	7,220	11,103			
13A]	10/01/02 - 06/30/03	78,252	3,920	21,004	53,121			
Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	14,636	3,283	10,534	17,431			
14A	10/01/02 - 06/30/03	115,373	6,703	30,643	83,391			
Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A	10/01/02 - 06/30/03							
Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A	10/01/02 - 06/30/03							
17 14-4	07/01/02 - 09/30/02	1.						
Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03							
18	07/01/02 - 09/30/02							
Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03							
19 Madiana (Madi Cal Canana Bublished Channe	07/01/02 - 09/30/02							
Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03							
Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A Medicare/Medi-Car Crossover Negotiated Rates	10/01/02 - 06/30/03							
21	07/01/02 - 09/30/02			375	80	141-141-141-141-141-14	<u> - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - </u>	<u>atalalalalalalalalala</u>
Enhanced SD/MC Costs	10/01/02 - 06/30/03			563				
22	07/01/02 - 09/30/02			547	125			
Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03			821	123			
22	07/01/02 - 09/30/02							
Enhanced SD/MC Published Charges	10/01/02 - 06/30/03							
24	07/01/02 - 09/30/03							
Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03	·						
			na marina da marina da marin	12)4(1)4(4)4(4)4(4)		200000000000000000000000000000000000000		
25 Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							, , , ,
26 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27 Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03			J Janes -				
28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03	,,,,,,,,,,,,,,,,,,,,	2017-21-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-	***************		1111111111111111111111		
29	07/01/02 - 09/30/02	***************************************						
Healthy Families Costs	10/01/02 - 06/30/03		80					
30 Hankhy Familian Cata Hanny Limite	07/01/02 - 09/30/02							
Healthy Families SMA Upper Limits	10/01/02 - 06/30/03		137					
31	07/01/02 - 09/30/02							
Healthy Families Published Charges	10/01/02 - 06/30/03							
32 Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A Realthy Families Negotiated Rates	10/01/02 - 06/30/03							
						14.14.14.14.14.14.14.14.14.14.14.14.14.1		1,120

DEPARTMENT OF MENTAL HEALTH PAGE 3 OF 3 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04) $\,$

DETAIL COST REPORT

	County Code: 56		MHS	MHS	MHS	MHS			
	Legal Entity: VENTURA COUNTY - B.H.D.		0	P	Q	R	S	Ť	Ü
Leg	gal Entity Number: 00056		Service	Service	Service	Service	Service	Service	Service
L	Mode: 15 - Outpatient (Program 2)		Function	Function	Function	Function	Function	Function	Function
<u></u>	I Allegation Description		14	34	44	50			
2	Allocation Percentage Total Units		1.23% 7,920	11.01% 54,900	9.14%	0.13% 675			
3	Gross Cost		9,203	82,710	54,120 68,629	945			
		<u> </u>			opposite de la compaction de la compacti		unananananan		
4	Cost per Unit		1.16	1.51	1.27	1.40			
5	SMA per Unit Published Charge per Unit		2.28	2.28	2.28	2.28		ļ	
6 7	Negotiated Rate / Cost per Unit					-		ļ	
1111	rvegotiated react 7 cost per offic	012222222222		ania area area	4555	<u> Harasan da manan</u>			-10000000000000000000000000000000000000
8	Medi-Cal Units	07/01/02 - 09/30/02	1,260	9,180	13,805	375			
A8		10/01/02 - 06/30/03	5,880	28,680	36,355	100	·		
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02				25			
9A		10/01/02 - 06/30/03		60		25			
10	Enhanced SD/MC Units	07/01/02 - 09/30/02	0.40	120	55	25		<u> </u>	
10A	Enhanced SD/MC (Refugees) Units	10/01/02 - 06/30/03	240	420	330	25	····		
11		07/01/02 - 06/30/03 07/01/02 - 09/30/02							
11A	Healthy Families (SED) Units	10/01/02 - 06/30/03			-				
12	Non-Medi-Cal Units	10/0//02 - 00/30/03	540	16,440	3,575	100			
123.53						H-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	energen en en en		CONTRACTOR OF
13	Medi-Cal Costs	07/01/02 - 09/30/02	1,464	13,830	17,506	525			
13A		10/01/02 - 06/30/03	6,833	43,208	46,101	140			
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	2,873	20,930	31,475	855	*******	<u> </u>	
14A		10/01/02 - 06/30/03	13,406	65,390	82,889	228			
15	Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A		10/01/02 - 06/30/03							
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							· ·
16A		10/01/02 - 06/30/03				annonnanan			
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02				35			
17A	Micaldard Madrida Gal Grossova, Goods	10/01/02 - 06/30/03		90		35			
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02				57			
18A		10/01/02 - 06/30/03		137		57		· · · · · · · · · · · · · · · · · · ·	
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A	·	10/01/02 - 06/30/03				.,.			
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03		concention			100000000000000000000000000000000000000		
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02		181	70	35			
21A	Cimanoed OD/MO Ocoto	10/01/02 - 06/30/03	279	633	418	35			
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02		274	125	57			
22A	Zimanod opinio omi oppor zimio	10/01/02 - 06/30/03	547	958	752	57			
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03				100000000000000000000000000000000000000	***********	100000000000000000000000000000000000000	31,000,000,000
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29		07/01/02 - 09/30/02	2000020000			<u> </u>	1000000000000		D:0000000000
29A	Healthy Families Costs	10/01/02 - 06/30/03						 	
30		07/01/02 - 09/30/02						 	
30A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03							
31	11116 P	07/01/02 - 09/30/02						1	
31A	Healthy Families Published Charges	10/01/02 - 06/30/03							
32	Healthy Equilian Negatieted Detec	07/01/02 - 09/30/02							
32A	Healthy Families Negotiated Rates	10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs	900 <u>700000000000000</u>	560	280	140	140			
JJ	I TOTI-INICUI-OAI OUSIS		1 300	200	140	140	L.,	<u> </u>	L

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: VENTURA

County Code: 56

CR

	Legal Entity: VENTURA COUNTY - B.H.D.	A	В	С	D	E	F	G
Le	egal Entity Number: 00056		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function	Function	Function
			20					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		23,696					
3	Gross Cost	982,522	982,522					
4	Cost per Unit		41.46			i Rideraserenderen		
5	Non-Medi-Cal Units		23,696					
6	Non-Medi-Cal Costs	982,522	982,522	• [• [• [• [• [• [• [• [• [• [1-	***************************************		

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: VENTURA County Code: 56

CR CR CR

Legal Entity: VENTURA COUNTY - B.H.D.	Α	В	С	D	Е	F	G
Legal Entity Number: 00056		Service	Service	Service	Service	Service	Service
Mode: 60 - Support	Mode Total	Function_	_Function _	Function	Function	Function	Function
		20	30	40			
1 Allocation Percentage	100.00%	6.86%	26.27%	66.88%			
2 Total Units		2,536	9,713	24,032			
3 Gross Cost	666,311	45,693	175,007	445,611			
4 Cost per Unit		18.02	18.02	18.54	*::::::::::::::::::::::::::::::::::::::		<u> </u>
5 Non-Medi-Cal Units (Same as Line 2)		2,536	9,713	24,032			
6 Non-Medi-Cal Costs (Same as Line 3)	666,311	45,693	175,007	445,611		2213231231313131313131313131313	

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (10/04)

Fiscal Year 2002-2003

	County: VENTURA												
	County Code: 56	*			REIMBURS	EMENT TYPE	SMA		Costs			Costs	
Lea	Legal Entity: VENTURA COUNTY - B.H.D. al Entity Number: 00056		_ A	В	cl	<u>D</u>	E Total	F	G	. н	l Total	j	K Total
1				Mode 55		Total	Inpatient				Outpatient		Outpatient
			S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29	MAA	Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Exclude Program (2)	Mode 15 Program (2)	(Col. I + Col. J)
1	Medi-Cal Costs	07/01/02 - 09/30/02 10/01/02 - 06/30/03					855,005		11,811	2,888,900	2,900,711	145,544	3,046,255
1A 2	Medi-Cal SMA	07/01/02 - 09/30/02					2,471,323 775,087		20,602 40,529	9,810,106 3,216,033	9,830,709 3,256,563	504,546 226,276	10,335,254 3,482,839
2A	Medi-Cai SiMA	10/01/02 - 06/30/03					2,234,328		70,696	10,920,986	10,991,682	788,918	11,780,600
3A	Medi-Cal P. C.	10/01/02 - 06/30/03					809,574 2,336,599		40,572 70,770	3,611,346 12,266,200	3,651,918 12,336,969		3,651,918 12,336,969
4	Medi-Cai N. R.	07/01/02 - 09/30/02 10/01/02 - 06/30/03											
4A							275 003		44.044	0.000.000	0.000.744	445.544	101101111111111111111111111111111111111
5A	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02 10/01/02 - 06/30/03					775,087 2,234,328		11,811 20,602	2,888,900 9,810,106	2,900,711 9,830,709	145,544 504,546	3,046,255 10,335,254
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02					217,197	Inteletational data	dentiferenteret	12,294	12,294	385	12,679
6A		10/01/02 - 06/30/03					727,136			138,871	138,871	265	139,136
7A	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02 10/01/02 - 06/30/03					192,786 645,414			13,686 154,597	13,686 154,597	684 445	14,370 155,042
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02 10/01/02 - 06/30/03					203,320			15,357	15,357		15,357
8A 9	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/03					680,680			173,537	173,537		173,537
9A	Medical enviewed Crossover N. N.	10/01/02 - 06/30/03											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02					192,786			12,294	12,294	385	12,679
10A		10/01/02 - 06/30/03					645,414	*********	<u> </u>	138,871	138,871	265	139,136
11 11A	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02 10/01/02 - 06/30/03					967,873 2,879,742		11,811 20,602	2,901,193 9,948,977	2,913,004 9,969,579	145,929 504,811	3,058,934 10,474,391
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02								2,413	2,413	1,485	3,898
12A		10/01/02 - 06/30/03								33,245	33,245	7,150	40,395
13 13A	Enhanced SD/MC (Children) SMA	10/01/02 - 06/30/03								2,687 37,010	2,687 37,010	2,378 12,626	5,064 49,636
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02								3,013	3,013		3,013
14A 15	Enhanced SD/MC (Children) N. R.	10/01/02 - 06/30/03 07/01/02 - 09/30/02								41,480	41,480		41,480
15A	Enhanced 3D/NC (Children) N. K.	10/01/02 - 06/30/03											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02								2,413	2,413	1,485	3,898
16A	Enhanced SD/MC (Refugees) Cost	10/01/02 - 06/30/03 07/01/02 - 06/30/03								33,245	33,245	7,150	40,395
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03											
19	Enhanced SD/MC (Refugees) P. C. Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03											
20	Total Medi-Cal Gross Reimbursement	07/01/02 - 06/30/03 107/01/02 - 09/30/02							<u> </u>	1-1-1-17-1-1-1-1-1	4460-1460-1461		
21A	(Excludes Refugees)	10/01/02 - 06/30/03				*********	967,873 2,879,742		11,811 20,602	2,903,607 9,982,222	2,915,418 10,002,825	147,414 511,961	3,062,832 10,514,785
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03											
23	Healthy Families Cost	07/01/02 - 09/30/02										490	490
23A 24		10/01/02 - 06/30/03 07/01/02 - 09/30/02								372	372	80 923	452 923
24A	Healthy Families SMA	10/01/02 - 06/30/03								414	` 414	137	551
25 25A	Healthy Families P. C.	07/01/02 - 09/30/02 10/01/02 - 06/30/03								466	466		466
26	Healthy Families N. R.	07/01/02 - 09/30/02											
26A	******************	10/01/02 - 06/30/03											.000000000000
27 27A	Healthy Families Gross Reim.	07/01/02 - 09/30/02 10/01/02 - 06/30/03								372	372	490 80	490 452
	Less: Patient and Other Payor Revenues												
28 28A	SD/MC + Crossover Revenues	07/01/02 - 09/30/02 10/01/02 - 06/30/03					215,177 787,120			20,768 46,764	20,768 46,764		20,768 46,764
29	Enhanced SD/MC (Children) Revenues	1.5.31.02 - 55/00/05					101,140			+0,104	+0,704		40,704
30	Enhanced SD/MC (Refugees) Revenues Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)												
33	Medi-Cal Eligibility Factor (Average)				1,1,1,1,1,1,1,1,1								
34	Revenue - MAA												
35 35A	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02 10/01/02 - 06/30/03	1000000000000				752,696 2,092,622		11,811 20,602	2,882,839 9,935,458	2,894,650 9,956,061	147,414 511,961	3,042,064 10,468,021
36	Net Due - Enhanced SD/MC (Refugees)						417021022		±0,002	0,000,700			
37 37A	Net Due - Healthy Families	07/01/02 - 09/30/02 10/01/02 - 06/30/03								372	372	490 80	490 452
-	Amount Negotiated Rates Exceed Costs												
38	SD/MC (Includes Children)	07/01/02 - 09/30/02						· · · · · · · · · · · · · · · · · · ·					
38A 39	Enhanced SD/MC (Refugees)	10/01/02 - 06/30/03											
40	Healthy Families	07/01/02 - 09/30/02 10/01/02 - 06/30/03											
40A	<u> </u>	110/01/02 - 06/30/03	<u> Editiliti (Hili)</u>	<u>usumuddiddi</u>		<u>arang palabah l</u>	L	L		l			

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

DETERMINATION OF SD/MC + CROSSOVER FFP DOLLARS MH 1970 (10/04)

County: VENTURA County Code: 56

Legal Entity: VENTURA COUNTY - B.H.D.

Mode	05 - Hospi is: (SFC 10 -	tal inpatie: 19)	*	A	В	С	۵	E	. F	G	н	1	J	κ.	L	м	N	٥	Р	o	R	s	T	U
			Data Type		AC + Crossover		Units as a			Gross Reimbu	Crossover ursement Costs Upper Limits 6_HOSPINPT				Patient and or Revenue			Net Dire (Gross Reim, C	sct Costs Costs - Revenue))		FFP	Dollars	
			Source	From MH190	1_Schedule_B	Supplemental		ulated		From MH196	6_HOSPINPT			From MH190	1_Schedule_B			Calcu	ulated			Calc	ulated	
			Formula				B/(B+C)	C/(B+C)		(D • I)	(E*I)		T	(D · M)	(E . W)		(F - J)	(G - K)	(H - L)	(O+P)	(51.40% * N)	(50.00% ° O)	(54,35% * P)	
			Period	1st Period	2nd Period/ Part J	2nd Period/ Part II	2nd Period/ Part I	2nd Period/ Part II	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period FFP \$ 07/01/02 - 09/30/02	2nd Period/ Part I FFP \$ 10/01/02 - 03/30/03	2nd Period/ Part II FFP \$ 04/01/02 - 06/30/03	Period FFI 04/01/02 06/30/03
1966 MH190 Cost Sch. B eport Cast Rp blumn Line#	pt. Seltlement	Mode	Service Function	Units 07/01/02 - 09/30/02	Units 10/01/02 - 03/30/03	Units 04/01/03 - 06/30/03	% of Units in 10/01/02 - 03/30/03	% of Units in 04/01/02 - 06/30/03	Costs 07/01/02 - 09/30/02	Costs 10/01/02 - 03/30/03	Costs 04/01/03 - 06/30/03	Costs 10/01/02 - 06/30/03	Revenue 07/01/02 - 09/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 06/30/03	Revenue 10/01/02 - 06/30/03	Net Costs 07/01/02 - 09/30/02	Net Costs 10/01/02 - 03/30/03	Net Costs 04/01/03 - 06/30/03	Net Costs 10/01/02 - 06/30/03	1st Period FFP %	2nd Period/ Part I FFP %	2nd Period/ Part II FFP %	
COLUMN TO SERVICE SERVICE	1 CR		42		4.028	1,075	64.20%	35.80%	902.054	4.546.050	901,065	2,517,115	215,177	505,350	204 770	787,120	200 774	1,110,699	200	4.700.005	51.40%	50.00%	54.35%	5/17 mag/m
	2 CR	05	13	983	1,928	403	65.38%	34.52%	823,951 143,922	1,616,050 237,079			215,1//	505,350	281,770	(87,320	608,774 143,922		619,295 125,549		312,910 73,976	555,350 118,539	336,587 68,236	
			1,5	404		403	63.36%	34,62%	143,922	237.019	120,549	302,021					143,822	237,079	125,549	362,621	/3,9/6	116,539	58,236	186
		ļ																						
																								-
			\vdash																					
		 	1 1					·			 		 			l		ļ		 			 	+
						 	L	Totals	967,873	1,853,128	1,026,614	2,879,742	215,177	505,350	281,770	787,120	752,696	1,347,778	744.844	2,092,622	386,886	673,889	404.823	1,078
							culvalent value	s from MH1968	967,873			2,879,742				787,120				-1		1,0,0,0		1 1 1 1 1 1

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

DETERMINATION OF 8D/MC + CROSSOVER FFP DOLLARS MH 1970 (10/04)

County: VENTURA
County Code: 56
Legal Entity: VENTURA COUNTY - B.H.D.

Data Type Source Formula	SD/MC + Cros	sover Units		of 2nd Period																
	From MH1901 Schedu		{ Units as a	Percentage		Gross Reimbu Using	Crossover resement Costs Costs				or Revenue				csts - Revenue)				Dollars	
Formula		ule_B_Supplemental		belsiu		From MH1966_	MODE5(OTHR)			From MH190				Calc	ulated				ułated	
			B/(B+C)	C/(B+C)		(D · I)	(E · I)			(D · M)	(E ' M)		(F - J)	(G - K)	(H - L)	(O+P)		(50.00% ° O)		
Period	2nd Pe		2nd Period/ _Part I	2nd Period/ Part II	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period FFP \$ 07/01/02 - 09/30/02	2nd Period/ Part I FFP \$ 10/01/02 - 03/30/03	2nd Period/ Part II FFP \$ 04/01/02 - 06/30/03	
olumn Une# Type Mode Function	Units Unit 07/01/02 - 10/01/0 09/30/02 03/30/	02 - 04/01/03 - /03 06/30/03	% of Units in 10/01/02 - 03/30/03	% of Units in 04/01/02 - 06/30/03	Costs 07/01/02 - 09/30/02	Costs 10/01/02 - 03/30/03	Costs 04/01/03 - 06/30/03	Costs 10/01/02 - 06/30/03	Revenue 07/01/02 - 09/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 06/30/03	Revenue 10/01/02 - 06/30/03	Net Costs 07/01/02 - 09/30/02	Net Costs 10/01/02 - 03/30/03	Net Costs 04/01/03 - 06/30/03	Net Costs 10/01/02 - 06/30/03	1st Period FFP %	2nd Period/ Part I FFP %	2nd Period/ Part II FFP %	
	and the second	12	10.00					STALL STALL	AARIN EDIDE	60.00	3,000	1 10 10 10	385 25 25	Via:	750 44-2	30-1	51.40%	50.00%	54.35%	
3 CR 05 85				Totals																

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

DETERMINATION OF SD/MC + CROSSOVER FFP DOLLARS MH 1970 (10/04)

County: VENTURA County Code: 56

Legal Entity: VENTURA COUNTY - B.H.D.

	** ***										_			T											1
	Mode:	10 - Day Se	rvices		Α	В	C	D	E	F	G	Н Н	l	l J	K	L	М	N	<u> </u>	P	a	R	S -	Т	U
				Data Type		AC + Crossover		Units as a	of 2nd Period Percentage		Gross Reimbu Using	Costs			Other Pay	Patient and or Revenue			(Gross Reim, C	ect Costs Costs - Revenue)				Dollars.	
				Source	From MH190	1_Schedule_B_	Supplemental		rlated			66_MODE10				1_Schedule_8				ulated			Calc		
				Formula				B/(B+C)	C/(8+C)		(D • I)	(E • I)		l	(D • M)	(E M)		(F - J)	(G - K)	(H - L)	(O+P)		(50.00% ° O)	(54.35% ° P)	
				Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	2nd Period/ Part I	2nd Period/ Part II	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Pariod	1st Period	2nd Period/ Part i	2nd Period/ Part II	Total 2nd Period	1st Period FFP \$ 07/01/02 - 09/30/02	2nd Period/ Part I FFP \$ 10/01/02 - 03/30/03	2nd Period/ Part II FFP \$ 04/01/02 - 06/30/03	
H1966 Cost teport olumn	Sch. B	Settlement Type	Mode	Service Function	Units 07/01/02 - 09/30/02	Units 10/01/02 - 03/30/03	Units 04/01/03 - 06/30/03	% of Units in 10/01/02 - 03/30/03	% of Units in 04/01/02 - 06/30/03	Costs 07/01/02 - 09/30/02	Costs 10/01/02 - 03/30/03	Costs 04/01/03 - 06/30/03	Costs 10/01/02 - 06/30/03	Revenue 07/01/02 - 09/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 06/30/03	Revenue 10/01/02 - 06/30/03	Net Costs 07/01/02 - 09/30/02	Net Costs 10/01/02 - 03/30/03	Net Costs 04/01/03 - 06/30/03	Net Costs 10/01/02 - 06/30/03	1st Period FFP %	2nd Period/ Part I FFP %	2nd Period/ Part II FEP %	
(VAN)	380	0.5	JACK STREET, S	2458AC	1000	Falls, sent	40 to 10 14 14 16	100000000000000000000000000000000000000		100	au. II sill	44.0	/2055	oole	100	100	(V.)		fle	(10 mg/s/600)	100 m	51.40%	50,00%	54,35%	\$10 Sept. 15
	4	CR	10	91	352	614		100,00%		11,811	20,602		20,602		·	 	 	11.811	20,602	ļ	20,602	6.071	10,301		
			10.	35	302	619		100,00%		11,011	20.602		20.602					(1,0)1	20,602		20,602	6,071	10,301		10.
	 	 	 	 			 :	 						 	[ļ	l				 				ļ:
		 												ļ											
	<u> </u>						<u> </u>								<u> </u>	 									
	ļ														L	ļ									
							 	 						 	 	 				-					
	J					·····		•	Totals	11,811	20,602		20,602			1		11,811	20,602		20,602	6,071	10,301	· · · · · · · · · · · · · · · · · · ·	10,
								Equivalent value	from MH1968	11,811			20,602		·		i								

DETERMINATION OF SD/MC + CROSSOVER FFP DOLLARS MH 1970 (10/04)

County: VENTURA County Code: 56

Legal	Entity:	VENTURA	COUNTY	- B H O
Loya	Entity.	AFIALOIO	0001411	- 0.11.0.

	ty Number:	00056		NIT-BILL									· · · · · · · · · · · · · · · · · · ·												
	Mode:	15 • Outpat	tient (Progr	RM 1)	A	В	С	D	E	F	G SOULC	н		J.	к	L	М	N	0	P	a.	R	. \$	Ŧ	U
L				Data Type		MC + Crossover		Units as a	of 2nd Period Percentage		Gross Reimb	Grossover ursement Costs Costs 5_MODE15_(1)			Other Pays	Palient and or Revenue			(Gross Reim. C	ct Costs cats - Revenue)			FFP		
				Source Formula	From MH190	1 Schedule B	Supplemental	B / (B + C)	culated C/(B+C)	ļ. ————	From MH196	5_MODE15_(1) (E * I)			From MH190 (D M)	1_Schedule_8 (E * M)	T	(F - J)	Çalcı (G - K)	Jialed (H - L)	(0 ± P)	O + P) (51.40% * N) (50.00% * O)		(54.35% * P)	(S + T)
MH1966	MH1901			Period	tst Period	2nd Period/ _Part	2nd Period/ Part II	2nd Period/ Part I % of Units	2nd Period/ Part II % of Units	1st Period	2nd Period/ Part I		Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period FFP \$ 07/01/02 - 09/30/02	2nd Period/	2nd Period/ Part II FFP \$ 04/01/02 - 06/30/03	Total 2nd Period FFP \$. 04/01/02 - 06/30/03
Cost Report Column	Sch. B Cost Rpt. Line #	Settlement Type	Mode	Service Function	Units 07/01/02 - 09/30/02	Units 10/01/02 - 03/30/03	Units 04/01/03 - 06/30/03	in 10/01/02 - 03/30/03	in 04/01/02 - 06/30/03	Costs 07/01/02 - 09/30/02	Costs 10/01/02 - 03/30/03	Costs 04/01/03 - 06/30/03	Costs 10/01/02 - 06/30/03	Revenue 07/01/02 - 09/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 06/30/03	Revenue 10/01/02 - 06/30/03	Net Costs 07/01/02 - 09/30/02	Net Costs 10/01/02 - 03/30/03	Net Costs 04/01/03 - 06/30/03	Net Costs 10/01/02 - 06/30/03	1st Period FFP % 51.40%	2nd Period/ Part I FFP % 50.00%	2nd Period/ Part II FFP % 54,35%	
B C	6 7 8		15 15 15	01 10 30	568,411 124,908 83,068	_1,557,847 _262,836 _199,392	792,411 150,302 86,277	65.28% 63.62% 69,80%	33,72% 36,38% 30,20%	1,062,746 255,822 170,130	2,476,912 538,310 408,371	1,259,900 307,831 176,702	3,736,812 846,140 585,073 2,000,718					1,062,746 255,822 170,130	2,476,912 538,310 408,371	1,259,900 307,831 176,702	3,736,812 846,140 585,073	546,251 131,492 87,447	1,238,456 269 155	684,756 167,306	1,923,212 436,461 300,223
E F	9 10	ÇR	15 15 15	40	302,128 12,981 119,967	659,929 38,623 295,480	316,945 24,890	67,56% 60,81% 64,50%	32,44%	618,783 26,586 455,838	408,371 1,351,589 79,103 1,122,735	50.977	2,000,718 130,080 1,740,615	20,768	31,592	15,172	46,764	598,015 26,586 455,838	1,319,997 79,103 1,122,735	633,957 50,977	1,953,954 130,080 1,740,615	307,380 13,665 234,301	659,999 39,552	96,038 344,556 27,706 335,818	300,223 1,004,554 67,257 897,186
H	12	ÇR	15	70	101,624	196,133	100,797	66.05%	35.50% 33.95%	311,289	1,122,735 600,783	308,755	909,538					311,289	600,783	617,880 308,755	909,538	160,002	300,391	167,809	468,200
								<u> </u>	<u> </u>											<u> </u>		 			
L		ļ			l				Totals	2,901,193	6,577 802	3,371,175	9,948,977	20,768	31,592	15,172	46.764	2,880 425	6 546 210	3 356 003	9,902 213	1,480,539	3 273 105	1 823 988	5 097 003
								Equivalent value	s from MH1968]		9,948,977		1 1,352		46,764]	2,0,10,210	, 0,000,000		.,,	0,2,0,100	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 5,057,550

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DETERMINATION OF SDAMC + CROSSOVER FFP DOLLARS

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: VENTURA County Code: 56

MH 1970 (10/04)

Legal Entity: VENTURA COUNTY - B.H.D. Legal Entity Number; 00056 Mode: 15 - Outpatient (Program 1) С O E s SD/MC + Crossover Breakdown of 2nd Period Units as a Percentage Medi-Cal Patient and Other Payor Revenue Net Direct Costs (Gross Reim. Costs - Revenue) SD/MC + Crossover Units Gross Reimbursement Costs FFP Dollars Using Costs From MH1966_MODE15_(1) From MH1901 Schedule B (D * M) (E * M) From MH1901_Schedule_B_Supplementa Calculated Caculated

(51.40% 'N) (50.00% O) (54.35% 'P)

1st Period 2nd Period/ 2nd Period/
FFP \$ Pert | FFP \$ Pert | FFP \$

07/01/02 - 10/01/02 - 04/01/02 -(O + P) B/(B+C) C/(B+C) (G - K) (S + T) Total 2nd Period FFP \$ Formula (D.I) (E.I) (H - L) 2nd Period/ 2nd Period/ 2nd Period/ 2nd Period/ 2nd Period/ Total 2nd 2nd Period/ 2nd Period/ Total 2nd 2nd Period/ Total 2nd 04/01/02 -1st Period Part I Part II % of Units Part il % of Units Part II Parti Part II PartII 09/30/02 06/30/03 MH1966 T MH190 Cost Report Column Sch. B Cost Rpt. Line # Units 07/01/02 -Units 10/01/02 -03/30/03 Units 04/01/03 -06/30/03 Costs 07/01/02 -Costs 10/01/02 -06/30/03 Revenue 07/01/02 -09/30/02 Revenue 10/01/02 -Revenue 04/01/03 -06/30/03 Revenue 10/01/02 -06/30/03 Net Costs Net Costs 10/01/02 -06/30/03 2nd Period/ 2nd Period/ in 10/01/02 -04/01/02 -06/30/03 07/01/02 -10/01/02 - 03/30/03 04/01/03 -06/30/03 Service Function 10/01/02 -04/01/03 -1st Period Туре 09/30/02 03/30/03 09/30/02 03/30/03 06/30/03 03/30/03

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: VENTURA County Code: 56

DETERMINATION OF SD/MC + CROSSOVER FFP DOLLARS MH 1970 (10/04)

Legal Entity:	VENTURA COUNTY - B.H.D.
and Entity Missapper	DODE:

Legal Ent	Hy Number: Mode:		tient (Progr	am 2)	A	В	С	Б	E	F	G	н	1	J	ĸ		м	l N	0	Р		Q R S T			
 	Data Type SD/MC + Crossover Units Breakdown of 2nd Perior Units as a Percentage				2nd Period	SD/MC + Crossover Grose Reimbursement Costs				-	Med⊩Cal1	Patient and or Revenue	1		Net Dire (Gross Reim. C	ci Costs			FFP (L	U				
				Source	From MH190	1_Schedule_B_	Supplemental		Jaled		Using From MH1966	Costs MODE15 (2)				1_Schedule_B		ļ	Calci			Calculated			
MH1966	· Valence			Formula	1st Period	2nd Period/ Part I	2nd Period/ Part II	B / (B + C) 2nd Period/ Part I % of Units	2nd Period/ Part II % of Units	1st Period	(D * I) 2nd Period/ Part I	(E *)) 2nd Perlod/ Part II	Total 2nd Period	1st Period	(D * M) 2nd Period/ Part I	(E * M) 2nd Period/ Part II	Total 2nd Period	(F - J) 1st Period	(G - K) 2nd Period/ Part I	(H - L) 2nd Period/ Part II	(O + P) Total 2nd Period	(51.40% * N) fat Period FFP \$ 07/01/02 - 09/30/02	(50,00% * O) 2nd Period/	(54.35% * P) 2nd Period/ Part II FFP \$ 04/01/02 - 06/30/03	(S + T) Total 2nd Period FFP \$ 04/01/02 - 06/30/03
Cost Report Column	Sch. B Cost Rpt. Line #	Settlement Type MHS	Mode	Service Function	Units 07/01/02 - 09/30/02 5,910	Units 10/01/02 - 03/30/03	Units 04/01/03 - 06/30/03 5,911	in 10/01/02 - 03/30/03 56.43%	o4/01/02 - 06/30/03 33,57%	Costs 07/01/02 - 09/30/02	Costs 10/01/02 - 03/30/03 13,649	Costs 04/01/03 - 06/30/03 6,896	Costs 10/01/02 - 06/30/03 20,545	Revenue 07/01/02 - 09/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 06/30/03	Revenue 10/01/02 - 05/30/03	Net Costs 07/01/02 - 09/30/02 6,895	Net Costs 10/01/02 - 03/30/03 13,649	Net Costs 04/01/03 - 06/30/03 6,896	Net Costs 10/01/02 - 06/30/03	1st Period FFP % 51.40%	2nd Period/ Part I FFP % 50.00% 6,824	2nd Period/ Part II FFP % 54.35%	10.572
c D	18	MHS MHS	15	40	25,795	11,699 63,635	31,405	66,96%	33,04%	6,895 32,808	80,935	39,943	120,878					32,808	80,935	39,943	20,545 120,878	3,544 16,863	40,467	3,748 21,709	1
E F G H J	20 21 22 23 24 25 26 27	MHS MHS MHS MHS MHS MHS MHS	15 15 15 15 15 16 16 15	41 61 69 12 32 42 13	6,960 1,980 7,616 3,460 1,440 4,620 7,645	9,540 1,815 14,888 18,465 2,160 7,800 23,320	4,980 1,375 7,316 8,810 780 5,640 13,255	56,90% 67,05% 67,70%	34.30% 43.10% 32.95% 32.30% 26.53% 41.96% 36.24%	11,559 3,226 27,911 9,927 1,920 7,220 11,103	15,844 2,957 54,560 52,976 2,850 12,190 33,870	8,271 2,240 26,811 25,276 1,040 8,814 19,251	24.115 5.198 81.372 78.252 3.920 21.004 53.121					11,559 3,226 27,911 9,927 1,920 7,220 11,103	15,844 2,957 54,560 52,976 2,880 12,190 33,870	8,271 2,240 26,811 25,276 1,040 8,814 19,251	24,115 5,198 51,372 78,252 3,920 21,004 53,121	5,941 1,658 14,346 5,102 987 3,711 5,707	26,488 1,440 6,095	4,495 1,218 14,572 13,737 565 4,791 10,463	40,225 2,005 10,886
M N O P Q R	28 29 30 31 32 33	MHŞ MHŞ MHŞ MHŞ MHS MHS	15 15 15	43 53 14 34 44 50	1,260 9,180 13,805 400	4,500 17,340 25,025 125	1,380 11,400 11,330	76,53% 60.33% 68,84% 100.00%	23.47% 39.67% 31.16%	1,464 13,830 17,506 560	5,229 26,124 31,734 175	1.604 17.175 14.367	6,833 43,298 46,101 175					1,464 13,830 17,506 560	5,229 26,124 31,734 175	1.604 17,175 14,367	6,833 43,298 46,101 175	753 7,109 8,998 288	2,614 13,062 15,867 88	872 9,334 7,809	3 486 22 396 23 676 88
L	·			·	1	I		gulvalent value	Totals a from MH1968	145,929 145,929	333,123	171,688	504,811 504,811					145,929	333,123	171,688	504,811	75,008	166,561	93,313	259,874

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DETERMINATION OF SD/MC + CROSSOVER FFP DOLLARS MH 1970 (10/04)

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: VENTURA County Code: 56

Legal Entity: VENTURA COUNTY - B.H.D.

Legal Entity Number: 000	056																								
Mode: 15	- Outpati	ient (Progr	ram 2)	Α	В	С	D	E	F	G	н	1	J	к	L	м	N	0	P	a	R	R S T			
			Data Type	1	MC + Crossover		Units as a	of 2nd Period Percentage		SD/MC + Gross Reimbu Using	rsement Costs Costs			Other Pay	adi-Cal Patient and Net Direct Costs her Payor Revenue (Gross Reim, Costs - Revenue)				FFP Dollars						
			Source	From MH19	01 Schedule B	Supplemental	Calcu	uiated		From MH1966	MODE15_(2)			From MH190	1_Schedule_B			Calc	ulated				utated		
			Formula				B / (B + C)	C/(B+C)		(D, I)	(E * 1)			(D * M)	(E • M)		(F - J)	(GK)	(H-1)	(O+P)		(50.00% ° O)		(S+T)	
Period		1st Period	2nd Period/ Part I	2nd Period/ Part (2nd Period/	2nd Period/ Part II	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part i	2nd Period/ Pert II	Total 2nd Period	1st Period FFP \$ 07/01/02 - 09/30/02	2nd Period/ Part I FFP \$ 10/01/02 - 03/30/03	2nd Period/ Part II FFP \$ 04/01/02 - 06/30/03	Total 2nd Period FFP \$ 04/01/02 - 06/30/03			
MH1956 MH1901 Cost Sch. B Report Cost Rpt. Se Column Line#	ettlement Type	Mode	Service Function	Units 07/01/02 - 09/30/02	Units 10/01/02 - 03/30/03	Units 04/01/03 - 06/30/03	% of Units in 10/01/02 - 03/30/03	% of Units in 04/01/02 - 06/30/03	Costs 07/01/02 - 09/30/02	Costs 10/01/02 - 03/30/03	Costs 04/01/03 - 06/30/03	Costs 10/01/02 - 06/30/03	Revenue 07/01/02 - 09/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 06/30/03	Revenue 10/01/02 - 06/30/03	Net Costs 07/01/02 - 09/30/02	Net Costs 10/01/02 - 03/30/03	Net Costs 04/01/03 - 06/30/03	Net Costs 10/01/02 - 06/30/03	1st Period FFP %	2nd Period/ Part I FFP %	2nd Period/ Part II FFP %		
in the second	2000	ALC: NO	1000	10Mm	180		VIDA CALC. THE	200	State of	procedure substantial		100 E	Hallowing Comme	1000	SANCE OF STREET	Charles and the second	28000	THE RESERVE	100 ag 100 ag	100	51.40%	50.00%	54,35%	200	

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

DETERMINATION OF SD/MC FFP % MH 1978 (10/04)

Fiscal Year 2002-2003

County: VENTURA

County Code: 56

Legal Entity: VENTURA COUNTY - B.H.D.

Legal Entity Number: 00056	Α	В	С	D	E	F	
Data Type	Net Dire	ct Costs	FF	P	Effec	ctive	
Data Type	(Gross Reim. Co	osts - Revenue)	Doll	ars	FFF	o%	
Source	MH1	970s	MH19	970s	Calculated		
Source	Column N	Column Q	Column R	Column U	Calcu	nateu	
Formula					(C6 / A6)	(D6 / B6)	
Period	1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period	
	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	
Mode	09/30/02	06/30/03	09/30/02	06/30/03	09/30/02	06/30/03	
1 05 - Hospital Inpatient (SFC 10-19)	752,696	2,092,622	386,886	1,078,712		The second second	
2 05 - Other 24 Hour Services (All Other SFC)							
3 10 - Day Services	11,811	20,602	6,071	10,301			
4 15 - Outpatient (Program 1)	2,880,425	9,902,213	1,480,539	5,097,093			
5 15 - Outpatient (Program 2)	145,929	504,811	75,008	259,874			
6 Totals	3,790,862	12,520,249	1,948,503	6,445,980	推了 经工程 电		
7 Totals from MH1979	3,790,862	12,520,249	1,948,503	6,445,980		health the in the	
8 Effective SD/MC FFP %		ATT A STATE OF THE			51.40%	51.48%	

Crosscheck OK

ΟK

OK

OK

DETAIL COST REPORT

Source:

Source:

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (10/04)

County: VENTURA

Fiscal Year 2002-2003

County Code: 56							MH1978 E8	MH1978 F8			
Legal Entity: VENTURA COUNTY - B.H.D.		Α	В	С	D	E	F	G	Н		J
Legal Entity Number: 00056		Total	Total	Total		50%	51.40%	51.48%	¹ Variable %	75%	Total
		MAA	Inpatient	Outpatient	Total	FFP	FFP	FFP	FFP	FFP	FFP
SD/MC Administrative Reimbursement (County Only)											
1 County SD/MC Direct Service Gross Reimbursement			3,847,615	13,577,617	17,425,232						
2 Contract Provider Medi-Cal Direct Service Gross Reim	bursement		1,541,876	4,364,699	5,906,575						
3 Total Medi-Cal Direct Service Gross Reimbursement					23,331,807						
4 Medi-Cal Administrative Reimbursement Limit					3,499,771						
5 Medi-Cal Administration					1,687,384						
6 Medi-Cal Administrative Reimbursement					1,687,384	843,692					843,692
Healthy Families Administrative Reimbursement (Cour	nty Only)										
7 County Healthy Families Direct Service Gross Reimbu	rsement			942	942						
8 Healthy Families Administrative Reimbursement Limit					94						
9 Healthy Families Administration					89						
10 Healthy Families Administrative Reimbursement					89				58		58
SD/MC Net Reimbursement for MAA											
11 Medi-Cal Admin. Activities Svc Functions 01 - 09					<u> </u>	(********************					(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)
12 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 -	39										
13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (Cou											
					205.400					206.553	206.552
14 Utilization Review-Skilled Prof. Med. Personnel (Count 15 Other SD/MC Utilization Review (County Only)	y Only)				395,409	169,503				296,557	296,557
15 Other SD/MC Utilization Review (County Only)					339,005	169,503					169,503
	/02 - 09/30/02		752,696	3,038,166	3,790,862		1,948,503				1,948,503
[16A] [10/01	/02 - 06/30/03		2,092,622	10,427,627	12,520,249			6,445,980			6,445,980
	/02 - 09/30/02			3,898	3,898				2,572		2,572
[1/A] ' [10/01	/02 - 06/30/03			40,395	40,395				26,257		26,257
18 Enhanced SD/MC Net Reimb. (Refugees)											
19 Total SD/MC Reimbursement Before Excess FFP	***************************************										9.733.062
20 Amount Negotiated Rates Exceed Costs - SD/MC & El	nh, SD/MC										
21 Total SD/MC Reimbursement (FFP)											9,733,062
22 Contract Limitation Adjustment											
23 Adjusted Total SD/MC Reimbursement (FFP)											9,733,062
24	/02 - 09/30/02			490	490				323		323
	/02 - 09/30/02			452	452				294		294
25 Total Healthy Families Reimbursement Before Excess				432	432				10000000000000000000000000000000000000		675
26 Amount Negotiated Rates Exceed Costs - Healthy Fan				<u> </u>							5/3
27 Total Healthy Families Reimbursement											675
27 Total Healthy Faithlies Ivenhoursement	I	<u> </u>	<u> </u>		<u> </u>	#1+1+1+1+19191919191919191919191	<u> </u>	<u> </u>			U

DEPARTMENT OF MENTAL HEALTH

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY CALCULATION OF SHORT-DOYLE/MEDI-CAL FOR FY 2002-2003 HOSPITAL ADMINISTRATIVE DAYS MH 1991 (10/04)

Fiscal Year 2002-2003

COUNTY NAME: VENTURA			LEGAL ENTITY		NAME: VENTURA COUNTY - B.H.D.							
COUNTY CODE: 56			NUMBER: 00056									
A	В	С	D	E	F		G	Н	ı			
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTO [*] AMOUN		PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT			
		\$231.30	07/01/02 - 07/31/02	124	\$	28,681	\$5,229	\$4,090	\$38,000			
SD/MC		\$236.38	08/01/02 - 09/30/02	340	\$	80,369	\$14,338	\$11,215	\$105,922			
		\$236.38	10/01/02 - 12/31/02	422	\$	99,752	\$17,796	\$13,920	\$131,468			
		\$236.38	01/01/03 - 06/30/03	742	\$	175,394	\$31,290	\$24,475 Sub-Total	\$231,159 \$ 506,550			
		\$231.30	07/01/02 - 07/31/02									
Children EMC		\$236.38	08/01/02 - 09/30/02									
		\$236.38	10/01/02 - 12/31/02									
		\$236.38	01/01/03 - 06/30/03					Sub Total:				
		\$231.30	07/01/02 - 07/31/02									
Refugees EMC		\$236.38	08/01/02 - 09/30/02									
10.03500 20		\$236.38	10/01/02 - 12/31/02									
		\$236.38	01/01/03 - 06/30/03									
								Sub Total:				
		\$231.30	07/01/02 - 07/31/02									
Healthy Families		\$236.38 \$236.38	08/01/02 - 09/30/02 10/01/02 - 12/31/02									
		\$236.38	01/01/03 - 06/30/03									
		ΨΕ30.30	01/01/03 - 06/30/03					Sub Total:				
			GRA	ND TOTAL	\$	384,197	\$ 68,653	\$ 53,700	\$ 506,550			